(Address)

20, FILED

STATE	OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		TO TO Y
County a a		(14)
	0.	Registration Dist. No.
Village or City Par		NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	re death occurredyrs,mo	s. / ds. How long in U. S. if of foreign birth?
2. FULL NAME Chestato	Irin and	:00
	The contract of the contract o	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
* 101	OR DIVORCED (write the word)	duy 1. 1022
1- 100	1 sight	(Mghth) (Day) (Yeer)
ia. If merried, widowed, or divorced HUSBAND of		22. / I HEREBY CERTIFY, Thet I ettended deceesed from
(or) WIFE of	10 0	1 1/2 19 2- ////
DATE OF DIDEN (July 19 1686	704
DATE OF BIRTH (month, dey, end yeer) AGE Yeers Months	Deys If LESS than	I fast sew h alive on 19 2; death is said
. AGE TOOLS MOILERS	Deys If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
	ormin.	were as tollows:
8. Trede, profession, or particular kind of work done, as SPINNER.		Carganal allelares
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		(left line) hus
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		1 /143)
10. Date decessed lest worked at	11 Total time (vegra)	
this occupation (month and	11. Total time (years) spent in this occupation	
7,001)	Ocsupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	nee mx	hose
(State or country)		
13. NAME Geo M	aspeelh	
14. BIRTHPLACE (city or town)		Neme of operation
(State or country)	a Ou, mi	Whet test confirmed diegnosis?
15. MAIDEN NAME	ie Phikker	
		23. If death wes due to externel causes (VIOLENCE) fill in also the following:
(State or country)	a Ca mis	Accident, sulcide, or homicide?
Country - 2		Where did Injury occur? (Specify city of town, county and State)
7. INFORMANT LES NO	esquelle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Parale	my	
8. BURIAL, CREMATION, OR REMOVAL	Date Gray 2 3 2	Manner of injury
Place JAM THOMAS	Date Gray 2 , 19	Nature of injury
9 UNDERTAKER 3	H. oplower	24. Wes disease or injury in eny wey related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	124411
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of dcath and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	F MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Anne Arundel		Registration Dist. No.
Village or City Eastpor		NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
		mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Frank P.		
(a) Residence: No. Eastpo	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w Married	
5a. If married, widowed, or divorced HUSBAND of		M 1 1 1 5 5 5 7 6 5 5 7 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(or) WIFE of Marion Ba	s sett	1930 10 Manual 3 1932
6. DATE OF BIRTH (month, day, and year) Ma.	w 13 1870	Hest saw ham alive on august 3, 1932; death is said
7. AGE Years Months	Days If LESS	1 1 8
62 - 2	17 lday, or	In TRINCIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular	None	Myacarditis Chranic Date of onset
9 Industry or business in which		Macardial Insuffere
work was done, as SILK MILL, SAW MILL, BANK, etc.	11 7-1-1-1	
10. Data daceasad last worked at this occupation (month and year)	11. Totel time (years) spant in this occupation	
		Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Michigan	Marie Maple & Wal
		mance promise making
13. NAME John E. Basse 14. BIRTHPLACE (city or town) Mich		Nama of operation Make Data of
(State or country)		What test confirmed diagnosis? Clinical Was there an autopsy? Ma
15. MAIDEN NAME Elizabeth	Hamlin	23. If death was due to externel causas (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Elizabeth Hamlin 16. BIRTHPLACE (city or town) New York (State or country)		Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Mrs. F. P. Bassett (Address) , Eastport, Md.		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL		Menner of Injury
Place Louden Park Date Aug. 5, 19 32		Natura of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.		24. Was diseasa or Injury In eny way related to occupation of deceased? 110
20. FILEDang 4. 1932 for cij 6 C. for co Miles		Marky (Signed) 9 Nelles Marky M.D.
If more b	the state of the s	Existrat. 2411 N. Charles Street. Baltimore. Requesting D. K. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURERO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	OF MARYLAND-	CERTIFICATE OF DEATH	8484
1. PLACE OF DEATH County Anna	armdel	(21)	2/
7 /		Registration Dist. No	
Village or City 7 2007	un	NoSt, f death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME / for	ne Boye	v v	
(a) Residence: No. (P. o.	millersifile	St. Ward.	
(a) nesidence. No.	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH August 1 26 (Mogh) (Dey)	, 193 2 (Year)
HUSBAND of / zavera	Boyer	22. I HEREBY CERTIFY. That I ettende	ed deceesed from
6. DATE OF BIRTH (month, day, and yeer)	4 le le 1 1 86 4	Hest sawh exalive on June 19 100	2 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 30 a.m.	, 004111 13 3410
68	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8. Trade, profession, or particular	l ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	housewife	Programme museula	
9. Industry or business in which		affrohm	1928
work was done, as SILK MILL, SAW MILL, BANK, etc	*******		
1D. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation	arteriosclarosco	ada
12.	2.0-	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	perd.	1000	
1 4	2 22000	Venucity	
13. NAME CLER and a 14. BIRTHPLACE (city or town)	000		
14. BIRTHPLACE (city or town)	ter-t	Name of operation Dete of.	
(State of country)	7-0.	What test confirmed diagnosis? Was there ar	n autopsy?
15. MAIDEN NAME Mary 16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	a. a. Co.	Accident, sulcide, or homicide? Date of injury	19
E (Stete or country)	ma	Where did injury occur?	
17. INFORMANT Course a. Boyer (Address) P.o. Miller mile, mo.		(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC P	tate) PLACE.
18. BURIAL, CREMATION, OR REMDVAL		Manner of injury	
Place Mayorky	Date 8-9,1937	Nature of injury	
19. UNDERTAKER: James	a. Hages	24. Was disease or injury in eny way related to occupation of deceased?	
(Addiess) / Baltin	more tied	If so, specify	
20. FILED 8 - / 1932 2	. C. Cleer m	(Address) Caradina u	M. D.
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	egp 7 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	96	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BORDAU V	July 5,1927	Peritonitis	3 days ago
	0.00			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County anne arundel	Registration Dist. No. 24-2
Village or City Odenton	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John Christop	her Brunner
U b do to	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX de 4. COLOR OR RACE OR DIVORCED, (write the work Widow	d) (lu , 2 1 100 2
5a. If married, widowad, or divorced HUSBAND of Mary a. Brunne (or) Wife of Mary a. Brunne	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) June 7-186	O liast saw h in aliva on Our 20, 19.3.2 death is said
7. AGE Years Months Days If LESS th	
72 2 14 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Carteriosclasos Data of onest
SAWYER, BDDKKEEPER, etc.	Chronic Rephritis 1924
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	(eq) P +++ P
10. Date deceased last worked at this occupation (month and spent in this	Instatestany for enlarged frostate;
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Mital Regursitation
(Stata or country)	- Cortie Insufficiency
13. NAME John J. Minner 14. BIRTHPLACE (city or town) Berling Guma	Prostatectory In continence
14. BIRTHPLACE (city or town)	Trame or oparation
×	What test confirmed diagnosis?
	23. If death was true to external cautes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Bytha B. Bell (Address)	(Specify city or town, county and State) Specify whether injury occurred in TNDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Lowring	Manner of injury
Place Baltoms Date aug. 24, 19	Nature of injury
19. UNDERTAKER 7 tarry Witzke (Addrass) 4/0/6 dmondson a	24. Was disease or injury in any way related to occupation of deceased? Ro.
20. FILEDUIG 22 1932 W.L. Jones	(Signad) or the dipoley M. D.
If more blooks are needed address State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	American divining	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

ż

infor-	state	UPA.	
tem of	plnods	of occ	
Every i	CIANS	ement (
ORD.	HYSI	t stat	
REC	Y. P.	Exac	
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
A PER	ed E	erly c	ficate.
SIS	stati	prop	certil
CHIS	1 be	y be	k of
VK	should	it ma	n bac
VG IN	AGE	that	ous o
ADIA	d.	3, 50	ructi
UNF	upplie	terms	e insti
WITH	efully s	in plain	TION is very important. See instructions on back of certificate.
NLY,	e car	ATH	nport
LAI	q pind	F DE	ery in
TE F	sho	EO	is v
-WRI	mation	CAUS	TION
B.	-		

		OF MAR	YLAND-	CERTIFICATE OF DE	EATH 08486
1. PLACE OF DE	ATH			8	20
County C	70	,f		Registrati	ion Dist. No.
Village or City	mud	ney	(16	No. death occurred in a hospital or institution, give its NA	AME instead of street and number)
Length of residence in	city or town where	death occurred	yrsmos		
2. FULL NAME	Balon	Si	is Con	lew	
(a) Residence: No.				St. Ward.	
(a) residence. No.		(Usual place	of abode)		dent give city or town and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICA	TE OF DEATH
7	LOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	(Day) , 193 2 (Year)
5a. If married, widowed, or d HUSBAND of (or) WIFE of	ivorced				IFY, Thet I ettended deceased from
6. DATE OF BIRTH (month,	day, and year)			I lest saw halive on	, 19; death is seid
7. AGE Yeers	Months	Days	If LESS than	to have occurred on the dete stated above, at The PRINCIPAL CAUSE OF DEATH and related were as follows:	causes of importance
8. Trade, profession, or kind of work dot SAWYER, BDOKY 9. Industry or busines: work was done, SAW MILL, BAN 10. Date deceased last this occupation (in which		>	Still Lon	Date of onset
10. Date deceased last this occupation (worked et month and	Sp3	time (years) ent in this upation		
12. BIRTHPLACE (city or tow (State or country)	(n) ///			Other Contributory Causes of importence:	ne
13. NAME 14. BIRTHPLACE (city of State or country)	mey	the	w		
14. BIRTHPLACE (city of	r town)	They		Neme of operation	Dete of
(State of country	9	oug .	1,.01	Whet test confirmed diagnosis?	Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)		23. If deeth was due to external ceuses (VIOLENC Accident, suicide, or homicide? Where did injury occur?(Specify cit Specify whether Injury occurred in INDUSTRY, I	ty or town, county and State)		
18. BURIAL, CREMATION, OR REMOVAL Place Trelydelics Date My 8th 32		Menner of injury			
19. UNDERTAKER Lewy hoes (Address) Nutwick and		24. Was disease or Injury In any wey related to o	ccupetion of deceesed?		
20. FILED Aug 8	, 193'×	VIA.	Clay to	(Signed) (Address) (Address)	ward not

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BURTLU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08487
1. PLACE OF DEATH	(3)
County	Registration Dist. No.
Village or City server of my	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME TU. Walter (her	
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male cal, OR DIVORCED (very the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Rug 14 - 1862	July 1,1932, to Ung, 10, 1932
6. DATE OF BIRTH (month, day, and yeer) (9 14 - 10 6 2 7. AGE , Years Months Days If LESS than	to have occurred on the date steted above, at 12.15 m
67 69 11 26 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Myscardial Insuffy Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Jan July 1
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Charming and wind the but
13. NAME . John H Cher	Chronic arterlo selelli ma
14. BIRTHPLACE (chy or town).	Name of operation. name Date of.
(State or country)	What test confirmed diagnosis? Chriscal Was there an autopsy? "NO
15. MAIDEN NAME	23. If death was due to external causes (VIDL ENCE) fill in also the following:
E I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT LAND. Chew	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 49 & fac Kord, 18. BURIAL, CREMATION OR REMOVAL	No. of the contract of the con
Place Brewer Fill Dete 8/5 1932	Manner of injuryNature of injury
19. UNDERTAKER AND	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDELLY 15, 19 2 graphe graphe. grants	(Signed) of Mills Martin M. D.
	(Address)/ Address Off a Chro. 1997-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4. %:			
V			

-		
*A.		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important,

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County A	Registration Dist. No
Village or City & Recolonic	No. St, Ward
Length of residence In city of town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME JEANNING TO	
(a) Residence: No. (Uaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attanged degreesed from
(4) 1112 01	May 15 , 1932, 10 August 1 , 1932
6. DATE OF BIRTH (month, day, and year) June, 7 /9/0	I last saw h_ A aliva on 19 3 2 deeth is sale
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the dete steted above, .m.
Or min.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	I leursey much Effaren hear !!
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (mostly and	J193
work was dona, as SILK MILL, SAW MILL, BANK, etc	-
- Ing occupation (month and appending this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTIIPLACE (city or town) (Stata er country)	(Museag Jubarana Mag.
	- (93)
13. NAME A TOLLEGAMENT OF THE STATE OF THE S	Chara
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
7 10	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Stata or country)	Whera did injury occur?
17. INFORMANT Stilling & Cola (Address) Speakmane mot.	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place Spidmole Dato Aug 21, 1932	Nature of injury
19. UNDERTAKER Address) Chay Amapola-	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) (I Was the earlister M. I

Statement of occupation.—Precise statement of occupation is very important; so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	·1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

). E	SIC	ate	
	ORI	HX	St	
	FPAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. I	should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	OF DEATH in plain terms, so that it may be properly classified. Exact state	
	F R	Y.	鱼	
	N	T	d.	
Z	NE	CJ	sifie	
9	MA	41	lass	
BII	ER	国	y c	te.
22	4	ed	erl	fica
G.	S	tat	rop	erti
MARGIN RESERVED FOR BINDING	S	e	e p	f ce
E	LH	q p	yb	K O
IR.	1	loul	ma	bac
S	Z	18	=======================================	no
RE	5	GE	that	ns
Z	NIC	₹ 4	80	ctio
5	FAI	ied.	S,	tru
AR	Z	ppl	егп	ins
Z	1	Su	Ë	See
	E	ılly	pla	
5	*	refi	Ë	tani
	LY,	ca	TH	por
	Z	pe	EA	im
	LA	plu	F D	very important. See instructions on back of certificate.
	[-]	sho	0	1

		OF MAR	YLAND-	CERTIFICATE OF DEATH 08489		
1. PLACE O		72:		(46)		
	Anne Arunde			Registration Dist. No.		
Village or City Annapolis				No. Emergency Hopital St., Ward		
Langth of re	sidence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) 3 ds. How long in U.S. if of foreign birth yrs. mos. ds		
2. FULL NA	ME Lillian	E: Cou	ghlin			
(a) Reside	nce: No. Emerge	ency Hos (Usualplace		St., Ward. 3112 Weaver ave - Bottomore If nonresident give city or town and State		
PERSOI	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Female	OR DIVORCED (write the word)			21. DATE OF DEATH Que 15 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Coughlin			n	22. I HEREBY CERTIFY. That I attended deceased fro		
6. DATE OF BIRTH	(month, day, and yaar) AT	ril 23	1992	I last sawh ex alive on ang 15, 19.3 death is sain		
	ars Months	Days	If LESS than	to have occurred on the date stated above, at 11,30 F.		
40	3	23	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:		
8. Trada, profe	8 Trada profession or particular			Purpler of Clampsia Detectioned		
9. Industry or				civis. A.		
CIII S OCCI	sed last worked at upation (month and	11. Total til	me (years) t in this pation			
12. BIRTHPLACE (c	ity or town Bald	timore.		Other Contributory Canasa of importance:		
(State or cou	.,	Md.		man man		
13. NAME	Albert Schae	efer		The state of the s		
	E (city or town) Mary	yland		Neme of operation Mane Data of What test confirmed diagnosis? Clinical Was there an autopsy? M.		
15. MAIDEN NA	AME Jane Vir	ginia Kr	aft	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
_	E (city or town) Mal	ryland		Accident, suicide, or homicide?		
17. INFORMANT (Address)	William E. ((Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMA Placa Ba	tion, or removal ltimore, Md.		16,,19 32	Manner of Injury		
19. UNDERTAKER (Address)	John M. Ta	aylor lis, Md.		24. Was disease or injury in any wey related to occupation of deceased? MO		
20. FILEOUR	16.,1932	760	My 4 hu Registrar.	(Signed) 7. Willis Marlin M. C. (Address) Commapolis M. q.		
1	If more	blanks are needed, as	deres State Registrar	2411 N. Charles Street Baltimore Requesting 91 No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

\(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, Spinner, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physicum, business, that fact may be indicated thus; Farmer (relaborer, report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or yrs). Farm laborer, (6) At Home, and children, without more precise specification as Day Compositor, Architect, Cotton mill; (a) Salesman, who are engaged in the duties of the For persons who have no occupation 6 Automobile factory. The Laborer--Coal mine, etc. Locomotive not gainfully em-(6) engineer, Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," (secondary or intercurrent) Whooping "Exhaustion," "Heart Innure, Old Age," "Shock," "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial by cough; Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage," nephritis, Chronic Example: Measles (disease etc. valvular heart disease, affection need not be Nomenclature The contributory etc., of death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	CountyA	nne Arun	del			Registration D	ist. No.	21
	Village or City				ND		St.,	
	Length of rasidanca i	n city or town where	death occurrad		f death occurred in a horpital or insti 			
2	. FULL NAME.	Amelia	Davis					
	(a) Residence: NE		vern Ave		rtst., Ward.			
euro.	PERSONAL	AND STATIST	(Usual place of		MEDICAL	If nonresident gi	ve city or town a	nd State
3. 5	-	LOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH		OF DEATH	
Female White OR DIVORCED (write the word)				(Month)	11 (Day)	, 158_\$		
5a.	If marriad, widowad, or of HUSBAND of				220 I HEREB	YCERTIFY		
-	(or) WIFE of	lilliam E	. Davis		ling,	,1932 , to A		, 19
6. I	DATE OF BIRTH (month,	day, and yaar)	ov. 2nd	1848	I last say h aliva on	aug 1)	19.3	: death is sa
7. /	AGE Yaars	Months	Days	It LESS than 1 day,hrs.	to have occurred on the data sta		m.	
3	83	9	9	ormin.	Tha PRINCIPAL CAUSE OF DE were as follows:	ATH and related causas	of Importance	Data of onse
ON	8. Trada, profassion, o kind of work do SAWYER BOOK	r particular na, as SPINNER, KEEPER, atc	None		about			2 40 4
OCCUPATION	9. Industry or busines work was done.	s in which as StLK MILL.	******	W * * * * * * * * * * * * * * * * * * *	of all can	ing.		170
2	SAW MILL, BAN 10. Date dacaasad last	K, etc worked at	11. Total tis	me (yaars)	/			
9	this occupation (t in this pation				
12.	BIRTHPLACE (city or to	wn)			Other Contributory Causes of im		/	
~ 1	(State or country)		land		Certino	Velus	eb	
HER	13. NAME	Unknov						
FAIH	14. BIRTHPLACE (city o	r town)	Unknown	1	Name of operation			
Y	15. MAIDEN NAME	Unknown	1		What test confirmed diagnosis?			
THER	16, BIRTHPLACE (city o			1	23. If death was due to external c			
O.W.	(State or countr	у)			Where did injury occur?			
17.	INFERMANT Ida	Thomas Eastport	Md.		Specify whathar injury occurrad	(Specify city or to in INDUSTRY, In HOM	e, or in PUBLIC I	tate) PLACE.
18.	BURIAL, CREMATION, O	R REMOVAL		. 13,,1,32	Mannar of injury			
19.	UNDERTAKER (Address)	ohn M. I	laylor Md.		24. Was disease or injury in any	way related to occupat	ion of daceased?	
20.	FILED Carry 13	0		Ang Ga	(Addrass)	4 (\$	7.4. 8	210 M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		F MAR	YLAND-	CERTIFICATE OF DEATH 08492
1. PLACE OF DEA		3-7		97
	ine Artir		TT	Registration Dist. No. 1
Village or City	COMUSATI	Te pre e	e Hospit	Mo. St., Ward f death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in o	ity or town where	death occurred	4_yrs2mos	ds. How long in U.S. If of foreign birth?
2. FULL NAME	Char	les Den	nis	
(a) Residence: No	Prin	(Usual place	n Maryl	Encst., Ward. If nonresident give city or town and State
PERSONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH August 19th
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced Jnkno wn			(Month) (Oay) (Year) 22. I HEREBY CERTIFY, Thet I attended deceased from
(0)/ 111/2 01		3000		June 3 ,1928 to August 19 ,19 32 I last saw h im alive on August 19 ,1932 ; death is said
6. DATE OF BIRTH (month, da 7. AGE Years	(y, and year) Months	1862 Deys	If LESS than	to have occurred on the date stated above, et 10: 30 Pm. M.
62		nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or p kind of work done SAWYER, BOOKKE 9 Industry or business i work was done, es SAW MILL, BANK, 10. Date deceased lest wo	articular as SPINNER, EPER, etc n which SILK MILL, etc	Laborer	me (years)	were as follows: General Arteriosclerosis Date alonset
this occupation (mo		occu	t in this pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Mary	Tand		Senility ' ?
13. NAME Unkr	10 wn			
14. BIRTHPLACE (city or to	own)Unli	nown		Name of operation Date of
15. MAIDEN NAME	Unknown			What test confirmed diagnosis?
16. BIRTHPLACE (city or to	Jnknow	n		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
17. INFORMANT (Address)	Hospit			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR	REMOVALE	Date /	733,32	Manner of injury
19. UNDERTAKEA	P. Wir	les oils	Puft	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILE 1 2 3 . 3 . 3 .		NO F	Registrar.	(Signed) Crownsville, Maryland M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	13.2
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 0849
	(133)
County W. Co.	Md. No. 28 - Computer St. No.
Village or City sunapous	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resider 2 in city or town where death occurredyrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Trancis	hliggs
(a) Residence: No. 28 Comh	COLOSt., Ward.
(Usual place of abode	
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WORD DIVORCED Corried	
temale co. made	(Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed
Jen, yiggs	March 141, 1932, 10 August 101. 19
6. DATE OF BIRTH (month, div and year)	- 1863 I last saw her alive on Compact 10 - 1932; death i
	LESS than to have occurred on the date stated above, at 12.1734.
	7,his. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date
SAWYER, BOOKKEEPER, etc.	geliko Pry!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month end	
10. Date deceased last worked at 11. Total time (yes	us)
o this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Alater berry	Other Contributory Causes of Impartance:
(State or country) Qui Qui HMQ	Shoute reputing
13. NAME /oran wape	12.
13. NAME TOTAL WAS A STATE OF THE STATE OF T	1 Name of operation
	What test confirmed diegnosis? Wes there an europsyl-
15. MAIDEN NAME Mapage 16. BIRTHPLACE (city or town) Mapage 16. State or country	23. if death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Linkmorn	Accident, sulcide, or homicide? Date of injury, 19_
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 1 8 Common (Address) 1 8 Common (Address)	, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deur Hell Date Luig /	Nature of injury
19. UNDERTAKER Share Stage	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Comme Out, 1)	nd., If so, specify A
20. FILE 19 11 19 3 2 2 256 C. Om	(Signed)
	Registrar. (Address) 3 3- Labour 71.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Level -			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.

	1. PLACE O		OF MAR	YLAND-	-CERTIFICATE OF DEATH	494
	County	Anne Arun	del		Registration Dist. No.	1
	Village or C	ity Camp F	arole			Ward
	Length of resi	denca in city or town when	a daath occurred	vrs mos	NO. St., If death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foralgn birth? yrs	number)
		me Marjo			, , , , , , , , , , , , , , , , , , ,	105
				. N. Y.	St., Ward. If nonresident give city or town an	1 State
	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Female	4. COLOR OR RACE White		RIED, WIDOWEO, O (write tha word)	21. DATE OF DEATH Lead 23	, 193 2
5a	. If marriad, widow HUSBAND of (or) WIFE of	ed, or divorced			22. 1 HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH	month, day, and year)	Unknown		I last saw h alive on 19	
	AGE Yaa		Oays	If LESS than	to have occurred on the date stated ebove, at	-, 00011113 3010
4	About 35			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate ol onset
OCCUPATION	kind of w SAWYER, ndustry or I work was SAW MIL 10. Date decease this occup	ision, or particular york done, as SPINNER, BOOKKEPER, atcbusiness in which idone, as SILK MILL, L, BANK, etcbd last worked at pation (month and	sper	me (years) It In this pation	Defeling 1800 17 from	
	State or coun	,,	stville, New Yor	k	Other Contributory Causes of Importance: Bey framfang from Ou Plysin	
FATHER		(city or town) FO		e rk	Name of oparation	
MOTHER	(State or	(city or town)	Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following accident, suicide, or homiside? Suicided Date of minury Where did injury occur? May Laure of Specify city or town, county and Sta Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	230932 10 Boats
	(Addrass) BURIAL, CREMATI	Forestvi	lle, N.		Manner of Injury	
_	UNOERTAKER (Addrass)	Joseph B. Baltimo		Registrar.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad) John W. Judinson, J. P. Roby a	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	Causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritomitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLA	ND-CERTIFICA	ATE OF	DEATH	08495
----------	--------	--------------	--------	-------	-------

1	. PLAC	E OF DEA		OF MIAK	ILAND	CERTIFICATE OF BEATH	0430
	Count	A	e Arunde	21		Registration Dist. No.	/
	Village	e or City	Crownsy				
2	FULL	NAME	Ina	fton For	. d		
		esidence: No.			ount r. L.	erstand Ward. If nonresident give city or town and	State
	PER	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex nale	1	or or race	5. SINGLE, MAR OR DIVORCE WI dov	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 29th (Month) (Oay)	, 193 2 (Year)
5a.	If married, HUSBAN (or) W1F	, widowed, or dive D of E of		nown		22. I HEREBY CERTIFY, That I attended herch 31 st., 1932, to august 2	
6.	DATE OF B	IRTH (month, da	v and vear)	1860		I last saw h im alive on sug. 29th 19 3	
	AGE	Years 72	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at	
NOI	8. Trade ki S/	, profession, or p nd of work done NWYER, BOOKKE		L: b or		General arteriosclerosis	Oata of onset
OCCUPATION	9. Indust	try or business i ork was done, as AW MILL, BANK,	n which SILK MILL, etc				
ö	C th	deceased last wo is occupation (mo ear)	orked at onth and	11. Total t	ime (years) nt in this upation	Other Contributory Causes of importance:	
12.		ACE (city or town))l	Jaryland		Senility	?
ER	13. NAME	hecl	Henry Fo	ord dea	d		
FATHER		IPLACE (city or t State or country)	own)IVG3	sylend		Name of operation Date of What test confirmed diagnosis? Was there an	autoney?
ER	15. MAID	EN NAME	Clizabet	h (Unkr	lown) desc		
MOTHER		IPLACE (city or t State or country)	own)	Maryland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	INFORMAN (Addre		i tal Red Provnsvi	ords	ryland	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
18	BURIAL, C	REMATION, OR	REMOVAL	0ate 8/3/	3,2	Manner of injury	
19	. UNOERTA	1 1000	R.P.W	uflers	wiff	24. Was disease or injury in any way related to occupation of deceased?	4
20	FILEO Q	2 /	19		Registrar.	(Signed) (Address) Conneville Mar lan	alm. D.
			If more	blanks are nected,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		255 7 550	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	3		

FO	IS	proj certi		0
MARGIN RESERVED F		t it may be on back of c	OCCUPATION	8. Trada, profession, or particul kind of work done, as SP SAWYER, BOOKKEEPER, e Good work was done, as SILK N SAW MILL, BANK, etc
IN F	ADING	s, so the	12.	BIRTHPLACE (city or town)
MARG	hard 2	plain terms, so that. See instructions	FATHER	13. NAME 14. BIRTHPLACE (city or town). (State or country)
•	LY, WIT	in	MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)
•		A D	17.	INFORMANT THE (Address) 220 CM
	TTE	CAUSE OF TION is ver	18.	BURIAL, CREMATION, OR REMOV
Zo. 1	WR.	CAUSH TION i	19.	UNDERTAKER WUT (Address) 1400
V. S. No.	N. B	T	20.	FILED 4 4 2 0, 19 3.
		-		

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10.0
1. PLACE OF DEATH	(183)	35
County Ame Amnde	Registration Dist. No. 21	
Village or City Herold Harber	NoSt.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and nusds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME William Hugue	2	
(a) Residence: No. 220 A class N (Usual place of abode)	St. Wareh TIf nonresident give city or lown and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE Mark S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH August (Day)	193 <u>2</u> (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended de	
6. DATE OF BIRTH (month, day, and year) Am 29 1926	I last saw h alive on, 19,	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,	
6 6 20 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	5
8. Trada, profession, or particular kind of work done, as SPINNER,	A	Date of onset
SAWYER, BOOKKEEPER, etc.	Aserdantly Fronned	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
11, Total time (years)		
this occupation (month and spent in this occupation)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Tilling (Tilling)	Other Contributory Causes of Importance.	
(State or country)	-	
13. NAME TOWN IS. Toplayer		
13. NAME 14. BIRTHPLACE (city or town)	Name af operation Date of	
1 (State of Country)	What test confirmed diagnosis? Was there an au	lopsy?
IS. MAIDEN NAME I VELYN Ellen	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
[16, BIRTHPLACE (city or town)	Accident, suicide, or homicide	19
(Stata or country)	Where did injory occur? + WALL A Particular Att	6-M
17. INFORMANT SILL STATE OF THE ME THE ME THE	Specify whather Injury occurred In tNDUSTRY, in HOME, or In PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place bedar Holl, the Date will 1, 1937	Natura of injury	
19. UNDERTAKER Was Collection of Walle & Ske	24. Was disease or Injury in any way related to occupation of decaasad?	
20. FILED 2 9 2 0, 19 3 2 . 9 4 C 4 9 20	If so, specify Journ M A from Artings	none
Registrar. If more blanks are needed address State Registrar.	(Address) Am Joseph Mary Va	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	502	Example II	3 11 11 11 11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . U V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoritis	3 days ago
		September 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrognteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

Fine George Il

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
a second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

(1	1)	HXSI- Exaol
/	ECORD	supplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exabl
UN	C-THIS IS A PERM ENT RECORD	d be stated
RVED FOR BINDING	PERM	E should
FOR	IS A	I. ACI
RVED	THIS	supplied terms

PL	ACE	OF	DEA	ТН		
County,	an	m	<u></u>	ar	enc	les



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

2FULL NAME Henry Harris	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ODATE OF BIRTH Dec 14/3 , 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 120 10 , 1920 1 that I last saw h
7 AGE If LESS than 1 day hrs. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in which employed or (employer)	(Duration) 3 yrs. mos. ds. Contributory action Salesway
9 BIRTHPLACE (State or country) Q. Q. Co. Mq. 10 NAME OF FATHER Comes Hassis 11 BIRTHPLACE OF FATHER (State or country) 2 (State or country) Maryland.	(Signed) (Durstion) To Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death
(Informant) for. Cages (Address) Melleranes. M1 15 File My 11 1982 Mung 95	Former or usual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

m

	08500
PLACE OF DEATH	STATE OF MARYLAND
County Isthe windell	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or city to hapso taple	St: Ward) (If death occurred in
2FOIL NAME Ophelia Bron	ward) a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH LLY 2 , 19232 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
XIEM 11, 1921	1923/
(Month) (Day) (Year)	that I last saw he alive on 1923
7 AGE If LESS than I day hrs.	
yrsds. ormin.?	A A A A A A A A A A A A A A A A A A A
B OCCUPATION (a) Trade, profession or particular kind of work	Duhumny Tuherwest
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)da,
9 BIRTHPLACE (State or county) risheld md	Contributory Secondary (Bushion) yra 6 mes de
10 NAME OF Richard Hazward	Signed) The OSTERVALLY M.D.
OF FATHER	192 (Address) 7 (4.1)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meana of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OFFICE SPONSE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Dusfield Med	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disesse contrected, if not et place of dee.h?
" Roberta Haywood	Former or usual readence
(Informant) VO VIII Company	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Orusfield MA	profield many 4, 1932
15 Filed Aug 3 1982 Caldwell Woodry	20 UNDERTAKER PROPERTY ADDRESS & ADDRESS & ALLOW
Registral V	TIVE IN - IT. I VIVOUT TO MILLOUT II. COVINIA

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all qu etions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
is ye			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923		

R		STA	TE OF	MARY	LAND-	CERTIFIC	CATE	OF DEA	TH US	5502
1	L PLACE O	F DEATH		_			(131)			
	County	a	a	1				Registration	Diet No	21
	Village or C	ity Ess	nah	Ti.	mo	No 24	mes	The state of the s	anne X.	Man
		2		11		death occurred in a h		on, give its NAM	E instead of street a	
		dend in city or t	lown where deal	th occurred	yrsmos	ds. How I	long in U.S. if of	foreign birth?	yrs	mosd
2	2. FULL NA	ME	tole	arles	Hepp?	mes				
	(a) Residen	ce: No.	apolo	(Usual place of	ahada)	St.,N	Ward.	Manage 11		
-	PERSON	AL AND S	TATISTIC	AL PARTIC		ME	EDICAL CF		OF DEATH	
3. 3	SEX	4. COLOR OR		SINGLE MARRI	FD WIDOWED.	21. DATE OF)	OI DEATE	1
	More	w		OR DIVORCED	write the word)		1/	allan	1-31	193 2
5a.	If married, widow	ed, or divorced	-					(Month)	(Day)	(Year)
	HUSBAND of	Ba.	lane	witch	11	22. A I H	EREBY	CERTIF	7.	ded deceased fro
-		1000	work.	17-7-11	da	aug.	4	902 to	mey 11	, 193.2
	DATE OF BIRTH (My 11-	- 1831	I last saw h- Ufer	alive on	my 21		2; death is sa
1.7	AGE 168	is ,	Month	Days 20	If LESS than I day,hrs.	to have occurred or The PRINCIPAL CA		/	P.m.	
	O Trade aveta	sion, or particul	/		ormin.	were as follows:	AUSE OF DEATH		1/ 4	Oate of onse
NO	kind of w	ork done, as SP BOOKKEEPER, e	INNER, 4	Elsania	D tub	Aucus	come	- carace	- Vanda	- 1420
CUPATION	9. Industry or	business In which				whare				
CUF		business In which done, as SILK M L. BANK, etc		lary						
Ö	10. Date decease this occur	ed last worked a pation (month an	d	11. Total time spent i	n this					
	year)		1928	- Occupa	tion / 5	Other Contributory	Causes of import	ance:	***********	
12.	BIRTHPLACE (cit		gallo	Chan		Chin	in heple	tis		1921
~	(State or coun		1 4		,	aren	cen 1			1932
HER	13. NAME		Unter	m						
FATH	14. BIRTHPLACE		A 1 1			Name of operation_			Oate of	f
	(State or		unse	nown	,	What test confirmed	d diagnosis?		Was there a	in autopsy?. Ar
MOTHER	15. MAIOEN NAI	ME (unfe	morn		23. If death was due	to external cause	s (VIOLENCE) fil	I in also the follow	ving:
MOM	16. BIRTHPLACE (State or		and	Van D	0.	Accident, suicide, o		(Dete of Injury	, 19
	(State of	country)	wing.	2		Where did Injury or		(Specify city or	town, county and	State)
17.	(Address)	un le	10.	most ?	<i></i>	Specify whether Injury	ury occurred in I	NOUSTRY, in HO	ME, or In PUBLIC	PLACE.
18.	BURIAL, CREMAT		AL M	10	0.	Manager				
	Place Ce	dar B	left	Oate seff	2 32	Manner of Injury				
-		13 04	250	Com	0	Nature of injury	-11			7
19.	UNDERTAKER/. (Address)	Corne an	10	1	Z	24. Was disease or in	njury in any way	related to occupa	tion of deceased?_	110
		21	2	100	ness	If so, specify	albert 1	1. 6111	lessan	
20.	FILEOMAG	<i>□.1</i> , 19 <i>□.</i> 2	7	a Cife	Registrar.	(Addres	(c) au	raples	rus.	M. I
-			If more blan	aks are needed, add		2411 N. Charles Street,			,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fin out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

		the state of the s	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

CTATE	OF	MADVI	AND-	CERTIF	CATE	OF	DEATH
SIAIL	UF	MARIL	ANU-	CEKIIL	ICAIL	OL	DEAIL

- 4	FE 5-1	ы	18	9	
- 7	08	0	U	.)	

1. PLACE OF DEATH			(53)	
County Anne Arundle	L		Registration Dist. No.	7/
Village or City_Crossne vi Length of residence in city or town where co		(]	St., of death occurred in a hospital or institution, give its NAME instead of street an second secon	d number)
2. FULL NAME Wm.	Pearce .	Jeckson .		
(a) Residence: No. Bal	Usual place	Sounty,	[r.St.] and Ward. If nonresident give city or town a	and State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	OR DIVORCE	RIED, WIDOWED. D (write the word) Cried	21. DATE OF DEATH ALUST 21st (Month) (Day)	, 193 2 (Yaar)
5a. If married, widowad, or divorcad HUSBAND of GOTHER OF MERJORIC	e Jeckso	on	22. I HEREBY CERTIFY, That I attended to the state of the	1 19 33
7. AGE Yaars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 2:45 h. M.	Date of onset
(State or country)	11. Total t	ime (years) nt in this upation	Sercome of the brain and neck Other Contributory Canses of importance:	8 mo.s
T TO THE T	cnown		Name of oparation Date of What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Unit (State or country)	Unknown Records Meryl Date Date	3	23. If daath was dua to external causes (VIOLENCE) filt in atso the follow Accident, suicida, or homicide? Data of injury Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Mannar of injury Natura of injury	, 19 State)
722 260	blank are fleeded,	Registrar,	(Address) QIOWNSVILLE, M.P.I.] 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	24

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ř.	Example II	B TO
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

•		

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH US509

1. PLACE	OF DEATH			(23)		
County	Anne Arunde	1	~ = = = = = = = = = = = = = = = = = = =		Registration Dist. No	22
Village or	city Jessup			NoMaryland	House of Corre	cition Ward
Length of re	esidence in city or town whera	death occurred 1			institution, give its NAME instead of at S. if of foreign birth?yrs	
) · / ·		a. ii or toreign biltin:yi5	
2. FULL N		PROPONET	Jenife	0, 14-4	11 Menason	
(a) Reside	ence: No.	(Usual place	of abode)	St., Ward.	If nonresident give city or t	town and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICA	L CERTIFICATE OF DE	ATH
Male	4. color or RACE Colored	5. SINGLE, MARI OR DIVORCED Marr	RIED, WIDOWED, O (write the word) 1ed	21. DATE OF DEAT		, 193 (Yaar)
5a. If married, wide HUSBAND of (or) WIFE of		nlino	wn	22. HERE April 28,	BY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH	(month, day, and year)	unk	noun	I last saw h alive o	Aug, 20, 193	
7. AGE Y	ears Months	- Deys	If LESS than	to hava occurred on the date	stated abova, at 8.10 AM	
24			I day,hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH end related causes of importa	Date of onset
8. Trade, prof kind of	fassion, or perticular work done, as SPINNER,	11 0 /200	0-11-1	Deal management		Date of officer
A 9 Industry or	R, BDOKKEEPER, atc	May n	our w	Pulmonary :	Tuberculosis	Cepul 3
SAW M	vas done, es SILK MILL. IILL, BANK, atc					
- 11113 000	ased last workad at cupation (month and	spen	me (years) *	*		
yaer) _	7	Occu	pation	Other Contributory Causes of	f Importance:	
12. BIRTHPLACE (annou!	8			
₩ 13. NAME	hat	Enoun				
王	CE (city or town)			Name of operation		Date of
(Stata	or country)	<i>p</i>			is? Wes t	
15. MAIDEN N	IAME hat	Known		23. If death was due to extern	al causas (VIOLENCE) fill in also the	following:
mer I	CE (city or town)	· +		Accident, suicida, or homicid	le? Data of injury	y, 19
(State	or country)	21.00	-/-	Where did injury occur?	(Specify city or town, county	v and State)
17. INFDRMANT(Address)	Mesida Md	B- 100	d.	Specify whether injury occur	red In INDUSTRY, In HOME, or in PU	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAC				Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Place	herry Oll	Date ling	23,1932	Neture of Injury		
19. UNDERTAKER	Verey Tu	arshere	_	24. Was disease or Injury In	any way related to occupation of dece	asad?
(Addrass)	Jesself:	and si)	If so, specify	0 - 00	PM
20. FILED Ching	121 . 1932 LOLA	ara M. H.	aslup	(Signed)	Tagen Ma	M. D.
1		toca	Registrar.	(Addrass)	Jessup, Ma./	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1850)
1. PLACE OF DEATH	<u>93-c)</u>
County C	Registration Dist. No. 27
Village or City Parole Mo.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME LOSEMber Lotube	f
	CA Ward
(a) Residence: No. / Partite Mod (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Him (of Married	(Moyth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended daceasad from
(or) WIFE of James Johns arned.	August 1, 1932,10 Jugust 5, 19,32
6. DATE OF BIRTH (month, day, and year) Mar. 22 1874	I last saw her aliva on august 51, 1932, death is seld
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 6_ 4:m.
38 Thank 22.13 or min.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Myacardial drantfuscy 5day
9. Industry or business in which	
work was done, as SILK MILL, al Mome	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) JEST J Cit &	Chranic Myorardely + Hookan
(State or country) a- a- co d Mar.	endachardition of
13. NAME V TA avig Brown	Hemiplegia - Ceretral milatis
14. BIRTHPLACE (city or town) UNKNOWN (State or country)	Nama of operation
# 15. MAIDEN NAME IMANOUN	What test confirmed diagnosis? Was there an autopsy? M2 23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Lames John &	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Parols Incl	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place 77 W L213 CMM Date 0. 19 0 X	Nature of injury
19. UNOERTAKER & H. B. Tarker	24. Was disaase or injury In any way related to occupation of deceased? 710
(Addrass) 47 Washington St.	If so, specify Manual M
20. FILEDLY 7, 19 3 2 of 20 of C for Ca May	(Signed) 4 WWWS William M.D. (Address) Dansacoolin My of.
	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ogo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

10. Dete deceesed last worked at

(Stete or country)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (Steta or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER _ (Address)

20, FILED.

FATHER

MOTHER

this occupetion (month end

14. BIRTHPLACE (city or town)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. Jessup No. Marvland House of Correction Ward Village or City Length of residence in city or town where death occurred_____yrs,_____r Adell Johnson 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female Colored 5e. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than 1 day,____h or____min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. ndustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.____

11. Total time (years)
spant in this

occupetion _____

	death occurred in a hospital or institution, give its NAME instead of street and number)
nos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	St., Ward. Linkubur. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	August 16, 1932 (Dey) (Yeer)
	22. I HEREBY CERTIFY, That I ettended deceased from
-	August 16, 19.32, to August 16, 1932
	lest sew h.er alive on August 16 1932; death is seld
S.	to heva occurred on the dete steted above, et 2. P. M.
5.	The PRINCIPAL CAUSE OF DEATH and reletad ceuses of Importance were es follows:
	Acute Respiratory Failure
	following Tonsillectomy
H	
	Other Contributory Causes of importence:
-	
-	
	Neme of operation Tonsillectomy Date of Aug 16
-	What test confirmed diagnosis? Was there an autopsy?
	23. If deeth was dua to external ceuses (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
-	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
-	
7	Menner of injury
7-	Neture of injury
7	24. Was disease or injury in any way releted to occupetion of deceased?
-	If so, specify
	(Signed) M. D.
	(Addless) Jessup, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		·		

M. D. B. 1268-9 HEALTH DEPARTMENT—CITY OF BALTIMORE RD. Every item of PHYSICIANS should Exact statement of CERRIFICATE OF DEATH 1. PLACE OF DEATH occurred a hospital or institution, give its NAME instead CITY OF BALTIMORE: of street and number.) Length of residence in city or town where death occurred. mos......ds. How long in U. S. If of foreign birth?.....yrs......mos.....ds 2. FULL NAME St.,Ward. (a) Residence: No. (If non-resident give city or town and State) (Usual place of abode) PERSONAL AND STATISTICAL, PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race Single, Married, Widowed, 21. DATE OF DEATH (month, day, year) Dryorced (write the word) That Lattended decensed from HEREBY CERTIFY. 54. If married widowed, or divorged HUSBAND of (or) WIFE of to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, year) The principal cause of death and related causes of If LESS than Months Days 7. AGE 1 day,.....hrs. or....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Industry or business in which work was done, as siik will, saw miil, bank, etc 10. Date deceased last worked nt 11. Total time (years) this occupation (month and anent in this Other contributory causes of importance: occupation year)..... 12. BIRTHPLACE (city or town) (State or country) 13. NAME A..... Date of. 14. BIRTHPLACE (city or town) What test confirmed diagnosic? s there an autopsy? (State or country) 23. If death was due to external causes (violence) fill in also the foliowing: 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Where did injury occur?..... (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry, in home, or in public 17. INFORMAN nlace (Address) Manner of injury..... 18. BURIAL, CREMATION, OR-REMOVAL DNature of injury..... 24. Was disease or injury in my way related to occupation of deceased? 19. UNDERTAKER 20. FILED. 10 29 3 × (Address)... Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designated and own home in answer to Question 9. nate the occupation by the appropriate terms, as servant-private family, cook-hotel; etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the discase or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and rel causes of importance were as follows:	lated Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	S FO	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroentcritis	1 year
	2/		

RECORD. Every item of infor-l. PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. AGE should be

MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY, V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 08507

1. PLACE OF DEATH				34)	
County	County Anna Arundel			Registration Dist. No. 22	
Village or City Jessup (If Length of residence in city or town where death occurred 1 yrs, 6 mos.				NoMaryland House of Correction Ward death occurred in a horpital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
		L	yrs,Omos		
2. FULL NA	ME MYPT.	le Keys		500 N. Bradford ST.	
(a) Resider	nce: No.	(Usual place o	f ahode)	St., Ward. Saltmare Ma	
PERSON	NAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE	s. single, marr or divorced Marri	IED, WIDOWED, (write the word)	21. DATE OF DEATH August 28, 1932 (Month) (Day) (Year)	
5a. If married, widow HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to August 28, 1932	
6. DATE OF BIRTH	(month, day, and year)	April 8.	1901.	Hast saw her alive on August 28, 1932 death is said	
7. AGE Yes		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)			\$	Cerebral Syphilis	
O this occu	sed last worked at upation (month and	occut	ne (years) t in this pation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (c (State er cou	,	Baltimore			
13. NAME	UNK	unu			
14. BIRTHPLACI	E (city or town)	1		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? After	
15. MAIDEN NAME LOSE 16. BIRTHPLACE (city or town) (State or country)				23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Pleconds Mod H. of Correction (Address) Seesich, Mod			rection	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL, Dalls Cang 3/, 1932			3/ ,1932	Manner of injury	
19. UNDERTAKER MULTON DANS (Address) 41.6 n. Gastine of				24. Was disease or injury In any way related to occupation of deceased?	
20. FILED aug 28, 1932 Claud Is Hasluft Resistrar.				(Signed) Jessup, Md. M. D. (Address) Jessup, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

6	0	2	18	0
U	0	U	U	8

1. PLACE OF DEATH					23
	County Arme Arundel County				Registration Dist. No. 40/
	Village or City			L yrs. 9 mos	St., Ward St., Ward St., Ward St., Ward St., Ward St., St., St., Ward St., St., Ward St., St., St., St., St., St., St., St.,
2	. FULL NAME G	race L	e a ve		
	(a) Residence: NoB	eltimo	re City	Mar flan	nd St., Ward. If nonresident give city or town and State
-	PERSONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	female bla			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH August 17th ,193 2 (Month) (Day) (Year)
5a.	If married, widowed, or divorce HUSBAND of (or) WIFE of Un	known			22. I HEREBY CERTIFY, That I attended deceased from October 25 , 19 30 to Aug. 17th , 19 32
6. 1	DATE OF BIRTH (month, day, a	and year)	1905		last saw h er alive on August 17th , 19 32; death is said
7. /	AGE Years 27	Months Un	Days kno wn	If LESS than 1 day,hrs. ormin.	were as follows:
OCCUPATION	8. Trade, profession, or part kind of work done, as SAWYER, BODKKEEPE	SPINNER, R, etc.	Housew	ork	Pulmonary tuberculosis 4 mos
UPA	9. Industry or business in work was done, as SIL SAW MILL, BANK, etc	K MILL,			
000	10. Date deceased last worke this occupation (month year)	ed at h and	sper	me (years) it in this pation	Other Coutributory Causes of importance:
12.	BIRTHPLACE (city or town) (Stata or country)	Mar /	land	*****************	Other Couributory Causes of Importance:
ER	13. NAME B	en jami	n Leave		
FATHER	14. BIRTHPLACE (city or town (State or country)	n)ME.	ryland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
IER	15. MAIDEN NAME	orie (Unknown)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Lorie (Unknown) 16. BIRTHPLACE (city or town) (State or country)			rjland		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				land	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Figurial CREMATION OR REMOVAL Date 919. 392				3,2	Manner of injury Nature of injury
19. UNDERTAKER (X. P.W) with ode bapt (Address) Crownerdle and				Kapt	24. Was disease or injury in any way related to accomplian of deceaded?
20.	FILED 919, 3, 13		000	Registrar.	(Signed Address) LOWES VILLA M.D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		7681 & d35	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND County Uma arunde CERTIFICATE OF DEATH Registration Dist. No. 24 (If death occurred in (If death occurred in a hospitel or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WILL OR DIVORCED (Write the word) may (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased from (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at ... I day hrs. terms RESERVED or min.? 8 OCCUPATION n tel (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) (Signed) ENT OF FATHER *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (State or country) (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transtate ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... yra......ds. yrs.....mos.... (State or Country) Where was disease contracted, if not at place of dea.h?. Former or usual residence DATE OF BURIAL Registrar If more bianks are needed, addre.s tate Registrar, 19 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery (a) Foreman, (b) Automobile factory. The materia to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr" etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on Grocery,

Statement of Cause of Death—Name, first, the DIS.
EASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Ezhaustion," "Heart fallure,
"Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., o Committee on Nomenclature Chronic valvular heart etc. The contributory affection need not be disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

77.

ż

ZIOZIO

FOR

ED

ESER

ZOT

	08510
' PLACE OF DEATH	STATE OF MARYLAND
county of A County	CERTIFICATE OF DEATH
01.	Registration Dist. No.
Village or City Taly and (No. ,	St.; Ward) [If death eccurred in a hospital or institution, give its NAME incread of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX' 4 COLOR OR RACE 5 SINGLE	18 DATE OF DEATH
Funale Whit & windle or Jungle	(Month) (Day) (Year)
O DATE OF BIRTH	I HEREBY CERTIFY, That lattended deceased from
Masel 25, 1932 (Month) (Day), 1932	that I last saw h W alive on QUY 2 192
7 AGE II LESS than	and that death occurred on the date stated above, a am
yrs. 4 mos. 6 ds. OR min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Summer Com blanch
(a) Trade, protession, or particular kind of work	
(b) General nature of Industry business, or establishment in which employed (or employer)	(Duration) yrs. mos/ D ds
BIRTHPLACE (State or country) Md-Monty. Co.	Contributory Secondary
10 NAME OF Regnal & Louis	(Signod) James (Gurafian) 1922 mas (Go. Signod) 1924 mas (Go. Sign
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Ruth H. Capulland	State the Disease Causing Drath, or, in deaths from Violent
of Mother Ruth H brawford	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) All piece in the ef deathyrsmssds. Sigliffyrsmssds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disoase contracted, If not at place of dasth?
(Informant) Regunal & Love	Former or ususi residence
(Address) Odenton Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURYAL
Flo aug 6 1932 M. Lones	20 UKDEPTAKER (A ASPRESS)
Depy To cal REGISTRAR	a ogg houser hours MI
If more blanks are needed, address State Registrar, I	6 W. Saratogo St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manage" "Deuler," etc., without more precise specification as Day loborer, Farm laborer, Laborer write None the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill: (o) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, ctc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part If retired from

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia, meninqualified. is indefinite); Tuberculosis of lungs, menin-

"PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association. on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Convul genital," "Senile," etc.), "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vatuatar heart disease; Prome interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., l'arrinoma, Sorcoma, etc., of..... "Anaemia" (name origin; "Cancer" is less definite; avoid use of by railway (mercly symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercurtrain-accident; Revolver wound "Dropsy," "Exhaustion," "Atrophy," (Recommendations ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 085)]	
--	-----	--

1. PLACE OF DEATH		(31)		
County 6.	····	Registration Dist. No. 21		
Village or City Uma folk Langth of residences a city or town where death occurred.	(11	No. St., If death occurred in a hospital or institution, give its NAME instead of street and numbe s. ds How long in U.S. if of foreign birth? yrs. mos.		
3 DO	2016 -	713t		
2. FULL NAME / Tachel	voice be			
(a) Residence: Np. (Usual place	e of shade)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH		
SEX 4. COLOR OR RACE 5. SINGLE, MAIOR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH aug 10 193	2	
If married widowed or diversed	low	(Month) (Day)	Yaar)	
. If married, widowed, or divorced HUSBAND of (or) WIFE of	/ ;	22. I HEREBY CERTIFY, That I attended decaas	-	
2				
DATE OF BIRTH (month, day, and year) (CL		I last saw h, 19; daat	th is sa	
AGE Years Months Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.		
29	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofons	
8. Trada, profession, or particular kind of work dona, as SPINNER.	1.			
kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc.	esuc	Droppy		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
AD. Date deceased last worked at 11. Total	tima (years)	Found Dead on Osov		
Sp:	entin this cupation	Chronic mephritis - Cw & B.		
RIRTHPLACE (city or town) WH Sicous	(Other Contributory Causes of Importance:		
(State or country)		-		
13. NAME	21			
14. BIRTHPLACE (city or town) (State or country)	ova	Name of operation		
15. MAIDEN NAME	7	What test confirmed diagnosis? Was there an autopsy	y?	
13. MAIDEN NAME	1	23. If death was due to axternal causes (VIDLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	·/	Accident, suicide, or homicide? Date of Injury, 1	19	
(State of country)	C b - 1	Where did injury occur? (Specify city or town, county and State)		
INFORMANT WILL TO (Addrass)	pleus	Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.		
BURIAL, CREMATION, OR REMOVAL	10 00	Manner of injury		
Place of Marya Date 8/	19Jd	Nature of injury		
UNDERTAKER 3. Johnson (Address)		24. Was diseasa or injury in any way related to occupation of decaased?		
			>	
FILED (119 32) 32) 32 9 3 34 6 (- 2 - 4	(Signed Lowe M. A Sham fely	7 14	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

Example I

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
8			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
--

	4)		
	state	UPA	
1	plno	000	
	sh	Jo	
6	SICIANS	statement	
100	Y. PHY	Exact :	
THE COLUMN THE TOTAL PROPERTY OF THE COLUMN TWO IS NOT THE COLUMN	illy supplied. AGE should be stated EXACTLY. PHYSICIANS should state	plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
7 17 01	stated E	properly	. See instructions on back of certificate.
777	be	be	of
1 47 47	pluods	it may	n back
7 777	AGE	so that	ctions o
TAT TATO	upplied.	terms,	instru
7777	lly su	plain	. See

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH						(83)	,
	County	Anne	arum e	1		Registration Dist. No. 21	
	Village or Ci	ty_Cr	ounsvil	le Stat	e Hospit	No. St., death occurred in a hospital or institution, give its NAME instead of street and s	Ward
			ty or town where de			death occurred in a hospital or institution, give its NAME instead of street and is	
,	. FULL NAI	ME	V. st To	ner Mad	dox		
	(a) Residence				City Ma:	ry kt nd Ward.	
	(a) resident			(Usual place	of abode)	If nonresident give city or town and	State
			D STATISTI			MEDICAL CERTIFICATE OF DEATH	
	sex nale	1	R OR RACE	OR DIVORCE	RIED, WfDOWED, D (write the word)	21. DATE OF DEATH August 17th (Month) (Day)	, 193 2 (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of		rced			22. I HEREBY CERTIFY, That I ettended December 12 19 31to August 17th	
			1	879		last saw hlm alive on sugarst 17 this 32	
	AGE Year	rs	Months	Days	If LESS than f day,hrs.	to have occurred on the date stated above, at 10:30m. R.	, death is said
		3	1	known	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
NO	8. Trade, profes	ork done.		Laborer		General Paralysis of the	
OCCUPATION	9 Industry or I	ousiness in	which			Insene	
CU	SAW MIL	L, BANK, e		1			
8		ation (mor	nth and	spe	ime (years) nt in this upation		
12.	BIRTHPLACE (cit	y or town)	Mana			Other Coutributory Causes of importance: Syphilis	
ER	13. NAME	Jac	kson Ma	ddox, d	ead		
FATHER	f4. BIRTHPLACE (city or town)					Name of operation Date of What test confirmed diagnosis? Was there an a	
4ER	15. MAIDEN NAT	VIE	Josnus	(Unkno	wn) Dead	23. If death wes due to external causes (VIDLENCE) fill In also the following	
MOTHER	f6. BIRTHPLACE (State or		wn) Unk	nown		Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland						(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
18. BURIAL CREMATION, OR REMOVALE PLACE TO THE CONTROL OF THE CONT					19. 32	Manner of Injury	
19. UNDERTAKER (Address)					mel mil	24. Was disease or injury la any way related to occupation of decesed? If so, specify (Signed)	
20.	FILED 7.9	,,	16 mars	D) Of	Registrar.	(Address) I'O'N NSVILLE, LT 1.1.2 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

1. PLACE OF DEATH

S. Mo.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

20. FILED aug 15, 1932

	OF DEATH			8	21
County	Anne Arunde	1		Registration Dist. No.	
Village or	city Eastport	, Md.		No. 18 Morse Court death occurred in a horpital or institution, give its NAME instead of stre	St., Ward
				ds. How long in U.S. if of foreign birth?yrs	
	AME Still I				
(a) Resid	ence: No. 18 Mors	(Usual place	of abode)	Met., Ward.	wn and State
PERSO	NAL AND STATIS			MEDICAL CERTIFICATE OF DEA	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
-		OR DIVORCE	D (write tha word)	August 15 1932	, 193
a If married wid	Col.	Sing.	<u>te</u>	(Month) (Day)	(Yaar)
HUSBANO of				22. 1 HEREBY CERTIFY, That I at	ttended deceased fro
(01) WITE 00				On Aug I5 193,20 , to	, 19
DATE OF BIRT	H (month, day, and year) Al	ig. 15 19:	32	I last saw h er alive on, 1	19; death is sa
	Years Months	Oays	If LESS than	to have occurred on the date stated above, at _5 . 30Am.	
			1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importan- were as follows:	
8. Trede, pro	ofession, or particular		1 01	Still Birth	Date of onse
kind o SAWY	f work done, as SPINNER, ER, BOOKKEEPER, etc	None.			
A Industry o	or business in which				
SAW	was done, as SILK MILL, MILL, BANK, etc	None			
Oato deca	ased last worked at coupation (month and	11. Total tima (years) spent in this			
year)		000	upation	Other Contributory Causes of importance:	
12. BIRTHPLACE	(city or town) Eastp	ort Md.		Unknown	
(State or c					
13. NAME	Armstead On	ens			
13. NAME	ACE (city or town)	Brist	ol A.A.Co	Name of operation Do	ata of
(State	or country)			What test confirmed diagnosis? Was th	
15. MAIDEN	NAME Margare	t simms.	VIVE SIL	23. If death was dua to external causes (VIOLENCE) fill in also the f	following:
15. MAIDEN	ACE (city or town) Harw.			Accident, suicide, or homicida? Oata of injury.	
≤ (State	or country)	V.V.W		Where did injury occur?	
	Lawrence A Comme	and / Wat	hom	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	and State)
(Address)	Armstead Ow #18 Morse	Court Ea	stport		
	IATION, OR REMOVAL	JULI V. PICE	20020	Menner of injury	
Place	napolis Nec	k oate Aug	. I5 , 19 32		
	2	0.			
19. UNOERTAKER (Address)		Vuin	9 D V	24. Was disease or injury in any way related to occupation of decea	Sed !
(Mudiess)	/ Car		mim	If so, specify (Signed) Churches (A)	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SP	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----------	------------	----	-----------

should state item of infor-

OCCUPA-

U

STATE OF MARYLAND-CERTIFICATE OF DEATH

08515

1.	PLACE OF DEATH	34
	County a 4.	Registration Dist. No. 21
	Village or City Eas An	No. Clustes are. St., Ward
	Langth of realdance in city or town where death coursed	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	18 y n	now long in 0.5. It of foreign dirth!yrsmosds.
2.	FULL NAME / lint / why	
	(a) Residence: No. (Usual place of abode)	St., Ward.
BUCONOMIC	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 9 193 2
5a.	If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF Mary L. R. Parker	22. I HEREBY CERTIFY, Thet I ettended deceased from, 19, 19, 19
	ATE OF BIRTH (month, day, and yaar) June 22-1890	last saw h; daath is sald
7. A	GE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at
	4 2 2 1 uaj,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z	8. Trade, profassion, or perticular kind of work done, as SPINNER.	1 1
Ĕ	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	of / puls
UP/	work was done, as SILK MILL, SAW MILL, BANK, atc.	/ /
OCCUPATION	10: Date dacaased last workad at this occupation (month and spent in this yaar)	
12.	BIRTHPLACE (city or town). a 4. Co. Ind.	Other Centributery Causes of importanca:
	(State or country)	
ER.	13. NAME Janual Parker	
FATHER	14. BIRTHPLACE (city or town) Que Co Color (State or country)	Name of operation
2	15. MAIDEN NAME Sees an / tent	What test confirmed diagnosis?
E		23. If death was dua to external ceuses (VIOL ENCE) fill in elso tha following:
W Q	16. BIRTHPLACE (city or town) 4 . 4. Co. Made (State or country)	Accident, suicide, or homicide?
17, 1	NFORMANT Milliam Marker	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 6	(Address) BURIAL, CREMATION, OR REMOVAL	
10. 1	Place un of the nick Data 7 31, 19.33	Nature of injury
19. (UNDERTAKER 1. 13. Holmond (Address) tunned the	24. Was disease or injury in any wey related to occupation of dacaased?
	(Audiess)	If so, specify And
20. F	ILEO 31, 1932 Translation Registrar.	(Signad) Amarul Ma former

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laboror" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
EUREAU V. E.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-
o
Z,
in

STATE OF	F MARY	LAND-	CERTIFICATE OF DEATH 08	516
1. PLACE OF DEATH			940	
County Anne Arunde	1		Registration Dist. No. 2	7
Village or City Annapoli	S		NoSt.,	Ward
Langth of residence in city or town where dea	ath occurred		f death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME Edgar Pa	rkinson			
(a) Residence: No. 127 King	George (Usual place of a	Street	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTIC	CAL PARTICE	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Single		21. DATE OF DEATH Lugar 19	, 19332-	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. Sugar HEREBY CERTIFY That I attende	d deceased trom
6. DATE OF BIRTH (month, day, and year) Ju	ne 27th.	1884		death is said
7. AGE Years Months	Oays	It LESS than	to have occurred on the data stated above, at 3. Pm.	
48 1		l day, hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onest
8. Trada, profession, or particular kind of work done, as SPINNER,	aterman		D. O.	Sout
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oats deceased last worked at this occupation (month and	aterman		anging secrous	know
work was done, as SILK MILL, SAW MILL, BANK, etc.			()	
10. Oata deceased last worked at this occupation (month and year)	11. Total time spent in occupat	n this		
12. BIRTHPLACE (city or town) Ann ap O	lis,		Other Contributory Couses of Importance:	***
			-	
14. BIRTHPLACE (city or town) A. A. County		Nama of operation. Name		
(State of Country)		What tast confirmed diagnosis? Was there are		
I inn	apolis.		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, sulcide, or homicide?0ate of Injury	
(State or country) Aftitabolis, Md.			Where did Injury occur?	, 13
17. INFORMANT Mrs. L.J. 0' (Address) 133 Glouces		et.	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate) 'LACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Anne's oate Aug. 16, 1932		Manner of injury		
19 UNDERTAKER John M. Taylor		24. Was disease or injury in any way related to occupation of deceased?		
(Address) Annapolis, Md. 20. FILEO Lung 16, 1932 from 6 c from Resistrat. Resistrat.		(Signed) Hallon Httoffann (Address) was and the	M. O.	
If more bl	lanks are needed, addi	ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 BURDAU YER	j4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUL	RTHER STATEMEN	NTS BY	PHYSICIAN
DI II OI I OI	CTILLE DITTELLINE	ATO DI	IIIIBIUIAN

V. S. No. 1

0	0	0
50	0	J.
0	n	C
23	2	×
73	>	8
=	0	C
2	2	-
2	-	č
G)	-	/8
del	+	2
G	C	č
4	7	7
	0	C
-	00	1
0	60	44
=	8	0
0	Ξ	=
2	te	0
3	-	G.
-	-	w
=	. 60	-
3	2	2
4		π
7	_	L
6	I	C
V	H	2
9	4	2
20	M	-
P		1
3	M	10
0	0	
7	Int	G.
w	CO	-
2	5	6
0	4	2
to to	0	ŀ
C		4
E	0	ß,
0		2
7	3	×
=		Z
4	O	U
0	3	7
C	0	_
0	T.	Ξ
4	w	0
-	CIANS should state CAUSE OF DEATH in plain terms so that it may be pro	Statement of OCCUPATION is very important. See instructions on back of c
>	Z	0
0	4	at
>	Ö	35
-		4)
1		
8		
N. B Every Item of information should be carefully supplied. ACE chould be sta		
Z		

	PLACE OF DEATH County Q. Q.	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
Vi	2FULL NAME H MOO Prematur	Lauth Tenul (If deeth occurred in a hospital or institu- tion, give its NAME in- stead of street end number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quyund // , 1937 (Year)
6	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last sew halive on, 192,
7	Steps. For Mos Mos 11 day hrs.	end that death occurred on the date stated above, at
0	OCCUPATION (a) Trade, profession or particular kind of work	at H Moult
101	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
9	BIRTHPLACE (State or country) Quantito 11	Secondary (Duration) yrs mos ds,
	10 NAME OF FATHER ALLAN PROPERTY.	(Sjøned) Wally / Hofk M. D. M.
RENTS	OF FATHER (State or country) Malaura. 12 MAIDEN NAME:	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Palker & Farkman	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Robert	At place of death yrs disease contracted, In the State yrs disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) H Renell	Former or usual residence
	(Address) Cortfort Md	family Cond aug 11, 1935
15	Fileding 19 19232 Joseph C. January Registrar	Harlan N. Persill Enopol Fly
-	If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs. For persons who have no occupation gaged in domestic service for wages, as Nervall, Look, Housemaid, etc., If the occupation has been changed additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. ployed, as Al school, or Al home. Care should be taken work, or At Home, household only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womknow without more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em-

Statement of Cause Death—Name, first, the disease Cause Cause The Death—Name, first, the disease to time and causation), using always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Uinhiheria (avoid use of "Croup"); Typhoid Sever Sever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal scoticaemia," "Puerperal perilonitis," etc. atie), "Atrophy," "Collapse," "Come," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condiby Committee on Chronic valvular heart discase; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B) U8518
County	Registration Dist. No.
Village or City Unsupolis M. d.	No. One Ward death occurred in a hospital or instription, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos, ds.
2. FULL NAME : John Teter Don	
(a) Residence: No. 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the world)	21. DATE OF DEATH (Monlh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Martin unlenous	149 53 1922 to like 76 1932
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on _ suce 24 _ 192; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 3.45m
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER, Colores SAWYER, BOOKKEEPER, etc	Cettourselester-Cardin Date of onest
10. Date deceased last worked et this occupation (month and year) occupetion occupetion	
10.	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) (State or country)	Colle refules 122
1	1427
	A
(State or country)	Neme of operation
15. MAIDEN NAME ASSISTANCE	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT CAMENT Peterson (Address) 2 And blee Roman	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Drinks Jack Date / 239	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1 3 , 1932 2 7 4 6 7 5 Registrat.	(Signed) (llest u: unique oan' M. D. (Address) unique 4.1
If more blanks are needed address State Design	N. Charles Street Bulliance Burney 22 C Nr.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	v ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item of infor-	should state	of OCCUPA.	/
•	RECORD. Every	7. PHYSICIANS	Exact statement	
MARGIN RESERVED FOR BINDING	A PERMANEN	ed EXACTLY	perly classified.	ficate.
ESERVED FO	INK-THIS IS	E should be stat	it it may be proj	on back of certi
MARGIN R.	TH UNFADING	ly supplied. AG	lain terms, so the	See instructions
1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRIT	mation	CAUS	TION

V. S. No. 1

STATE OF	MARYLAND-C	CERTIFICATE	OF DEATH
----------	------------	-------------	----------

1	. PLACE O					<u> </u>	519
	County	Anne	ar inde	1		Registration Dist. No.	
	Village or C	ity	Crownsy	ille st	ate Hospi	1. 24 NoSt.,	Ward
	Length of resi	dence in city	y or town where d	eeth occurred		f death occurred in a hospital or institution, give its NAME instead of street and r. s. 14 ds. How long in U.S. if of foreign birth?yrsmo	
2	. FULL NA	ME	Bi	llie (W	illiam) I	Reed	
	(a) Residen	ce: No		Lvart C	of abode)	er Strend Ward. If nonresident give city or town and	State
-	PERSON	AL ANI	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	ma le	1	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) O WE d	21. DATE OF DEATH 22nd (Month) (Oey)	, 193 2 (Yeer)
5e.	If married, widow HUSBANO of (or) WIFE of		ced Jnknown			22. I HEREBY CERTIFY, That I attended a sugust 5th 632 to regust 22	deceased from
6.	DATE OF BIRTH			1864		lest saw h AM elive on August 22	deeth is said
7.	AGE Yea		Months	Days	If LESS then 1 day,hrs.	to heve occurred on the date steted above, at 12:10 mP. M.	
	68 8. Trade, profes			known	ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows: General arteriosclerosis	Oate of onset
OCCUPATION	9 Industry or work was SAW MIL 10 Date decess	business in s done, es SI L, BANK, et ed last work petion (mon	ILK MILL, tc ked et	spe	ime (years) nt in this upetion		
12.	BIRTHPLACE (cit (Stete or cour		Mer	yland		Other Contributory Causes of importance:	?
ER	f 3. NAME	Jess:	ie Reed	, dead			
FATHER	14. BIRTHPLACE (State or		Mn) Mary	lend	~	Name of operation Date of What test confirmed diagnosis? Was there an e	utonev?
ER	f5. MAIOEN NA	ME III	ortha (Unknown) dead	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (Stete or	(city or fov	vn) MEP	yland		Accident, suicide, or homicide? Oate of injury Oate of injury Oate of injury Occur?	
f7.	INFORMANT (Address)			ecords	land	(Specify city or town, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	e) NCE.
f8.	BURIAL, CREMAT	Olumber 1	MOVAL Por	not au	120 19.33	Menner of injury	
f9.	UNDERTAKER(Address)	W	Seu	rell		24. Was disease or injury in any way related to occupation of deceased?	
20.	FILEO. Pa	123	22 of	That is	Registrar.	(Signed) (Address) OwnSville, Maryles	<u>М. р.</u>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. KENT RECORD BINDIM PERMA WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR PLAINLY

V. S. No. 1

N. B .--

. PLACE OF DEATH	STATE OF MARYLAND
County V. V.	CERTIFICATE OF DEATH
	(131)
	Registration Dist. No. 4
Village or City (No	St.: Ward) (If death occurred in
1040000	a hospital or institu-
2FULL NAME W S. V.	stead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. While	16 DATE OF DEATH
WIDOWED. OR DIVORCED	1 Ph , 192
(Write the word)	(Month) J (Day) 19 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
July 23 - 950	1 1923 2 to aug. 1 3 7 , 1925 2
(Month) (Day) (Year)	that I last saw h malive on June 132 1932
7 AGE III LESS than	ana.
(7) 1 9 I day hrs.	and that death occurred on the date stated above, at
8 Lyrs. mos. L ds. or min.?	The CAUSE OF DEATH - Was as followary
8 OCCUPATION	100000000000000000000000000000000000000
(a) Trade, profession or	V COP V COCCO,
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) , vis. mos ds.
which employed or (employer)	Q Custon
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) Ayrs ds.
10 NAME OF A	mant thillen us
FATHER Commanuel Publis	(Silged) D.
II BIRTHPLACE	0 / 13 / 3 / 52. (Address) / 0
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIDEN NAME C 1	Accidental, Suicidal or Homicidal.
of MOTHER Clina Tellas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds,
(State or country) / POOL 2000	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED GE	if not at place of death?
(Informant) Mes. Margaret Fowler	usual residence
(morniane)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Novem, Max,	Bion Country, July 8/15/32
15 (1)10/3 22 M 7 Hope lake	20UNGERTAKER ADDRESS
15 Filed Clig 13 1932 Daragh Raship	Win Cook Balla 111
Julian Registrar	1700000,000
10 11 1 1 1 1 CALL D	16 W Sanatown St. Relto Requesting V. S. No. 1.

08520

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Physician, tion applies to each and every person, irrespective of Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Compositor, Architect, For persons who have no occupation 6 Stationary fireman, etc. But in many Automobile factory. The material Salcsman, not gainfully em-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; perilonacum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on nephritis, Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. affection need not be valvular heart Nomenclature Always qualify all The contributory disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City. Elvadan (If death occurred in a booptial or institution, give in NAME intend of intered and number?) Length of residence in city or town where death occurred to yes. (a) Residence: No. Livadan (Universidence of abode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE (b) S. SINGLE, MIRRIED, WIDOWED. (c) R. DATE OF BIRTH (month, day, and yeer) 1. DATE OF BIRTH (month, day, and yeer) 2. DATE OF BIRTH (month, day, and yeer) 2. DATE OF BIRTH (month, day, and yeer) 2. Date of ceesed last worked at the sort of years work week done, as SILK MILL. S. Trade, profession, or particular work week done, as SILK MILL. S. STAME, profession, or particular work week done, as SILK MILL. S. STAME, profession, or particular work week done, as SILK MILL. S. STAME, profession, or particular work week done, as SILK MILL. S. STAME (Color or town) (Color o	I. PLACE OF GEATH	(82-a)
Length of residence in city or lown where death occurred by yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. 2. FULL NAME PATE: C. F. Robde (a) Residence: No. Elvator (Ususiplace of abode) St. Ward. Emeridant give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORTED Covering the byord on Divorted How and Convict on Conviction of the design of the byord on Divorted How and Conviction of Conv	County (In a arun del	Registration Dist. No.
Length of residence in city or town where death occurred. Letter C. F. Robdel 2. FULL NAME (a) Residence: No. Charles C. F. Robdel (b) Residence: No. Charles C. F. Robdel (a) Residence: No. Charles C. F. Robdel (b) Residence: No. Charles C. F. Robdel (c) Residence: No. Charles C. F. Robdel St. Ward. Enoncerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Day) (Verar) (Month) (Day) (Month) (Day) (Month) (Day) (Verar) (Month) (Day) (Verar) (Month) (Day) (Month) (Day) (Verar) (Month) (Day) (Verar) (Month) (Day) (Month) (Day) (Month) (Day) (Verar) (Month) (Day) (Month) (Mon	Village or City Elvator	
2. FULL NAME (a) Residence: No. Elvalor (Ususiplace of abode) St. Ward. It nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORTED Control by Control by Color by Color of the		
(a) Residence: No. Elvator (Unas) piece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRED, WIDOWED, ON DYVORED (write the word) 5. If married, widowed, or divorced (or) Wife of Married (or) Wife of		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DUYDRED (write the yord) 1. DATE OF DEATH 2. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DUYDRED (write the yord) 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DUYDRED (write the yord) 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DUYDRED (write the yord) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. Trade, profession, or particular with and of work dome, as SPINMEN, or min. 8. Trade, profession, or particular with and of work dome, as SPINMEN, or min. 8. Trade, profession, or particular with and of work dome, as SPINMEN, or min. 9. SAMER, BOUNKEEPER, etc. 1. SAMER, BOUNKEEPER, etc. 1. Total time (years) 5. SAMER, BOUNKEEPER, etc. 1. SAMER WILL, BANK, etc. 1. WILL, BANK, etc. 1. SAMER WILL,	2. FULL NAME Seler (.). 1040	2
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARNED, WIDOWED, OR DLYDRED(-write the yord) 5. If married, widowed, or divorced (or) Wife of Market 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years MEDICAL CERTIFICATE OF DEATH S. DATE OF DEATH		
OR DYOREED (which the bond) Sa. If married, videwed, or divorced HUSBAD of		
55. If married, widowed, or divorced HUSBAND of Corne of Married (widowed, or divorced its and the Married (widowed, or divorced its and to have occurred on the date stated above, at J. J. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SANYER, BOOKKEEPER, etc. SANYER, BOOKEEPER, etc. SANYER, BOOKKEEPER, etc. SANYER, BOOKKEEPER, etc. SAN		X
HUSBAND of Cornies in Rolade 5. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Mopth Days II LESS than 1 deyhrs. ofmin. 8. Trade, profession, or particular and the state of the date stated above, at	59 If married widowed or diversed	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Mopth Days II LESS than I dey		
TAGE Years Mopph Days II LESS than 1 dey. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: What of work done as SPINKR SAWYER, BOOKKEPPER, etc. Naderly or business in which work wee one as SILK WILL, BAKK, etc. MILL, SAW MILL, etc. MILL, SAW MILL, Etc. MILL, SAW MILL, Etc. MILL, SAW	1 12 10110	- (July 20 102 to Clerg. 8 1932
8. Trade, profession, or particular kind of work done, as SPIRINER tarmed were as follows: 8. Trade, profession, or particular kind of work done, as SPIRINER tarmed work as done, as SPIRINER tarmed work was done, as SPIRINER tarmed work as follows: 10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (work was done, as SPIRINER tarmed work as follows: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Carlot the profession of decessed? 18. BURIAL, CREMATION, OR REMOVAL (Place Carlot the profession of decessed? 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of decessed?		- 436
8. Trade, profession, or particular kind of work done, as SPINNER. Taxable were as follows: 10. SAWYER, BOOKREPPER, etc. 10. SAWYER, BOOKREPPER, etc. 10. Sawy India of work done, as SPINNER. Taxable work wes done, as SILK MILL, SAW MILL, BARK, etc. 10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATE 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Ledar Full Date Aug // 19.3.3 Manner of injury 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 27. Was disease or injury in any way related to occupation of deceased? 28. Was disease or injury in any way related to occupation of deceased? 29. Was disease or injury in any way related to occupation of deceased? 29. Was disease or injury in any way related to occupation of deceased? 20. Was disease or injury in any way related to occupation of deceased? 20. Was disease or injury in any way related to occupation of deceased? 20. Was disease or injury in any way related to occupation of deceased? 20. Was disease or injury in any way related to occupation of deceased? 21. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 23. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Was disease or injury in	0.11	
Skind of work done, as SPINNER CANNER SawYER, BOOKEEPER, etc. Tanner Saw MILL, BANK, etc. 10. Date deceased last worked at spont in this occupation (month and year) Saw MILL, BANK, etc. 11. Total time (years) spont in this occupation (month and year) Say MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATI Charles F. Rohde (Son (Address)) 18. BURIAL, CREMATION, OR REMOVAL Place Adar Hill Date Aug 1, 19.33 Manner of injury Nature of i		men as follows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATE Charles F. Rohde (Son) (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Carles Full Date Aug // 1933 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Centributory Causes of Importance 7-25-32 Other Centributory Causes of Importance 7-25-32 18. BURTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	8. Trade, profession, or particular kind of work done, as SPINNER, Tarvels SAWYER, BOOKKEPER, etc	Artenoreler our inclesion
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATE Charles F. Rohde (Son) (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Carles Full Date Aug // 1933 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Centributory Causes of Importance 7-25-32 Other Centributory Causes of Importance 7-25-32 18. BURTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	Andustry or business in which work wes done, as SILK MILL.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATE Charles F. Rohde (Son) (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Carles Full Date Aug // 1933 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Centributory Causes of Importance 7-25-32 Other Centributory Causes of Importance 7-25-32 18. BURTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER 19. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATICAL 18. BURIAL, CREMATION, OR REMOVAL (Place Color of the	- I apont in this	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATI Charles F. Rohde (5on) (Address) 18. BURIAL, CREMATION, OR REMOVAL (18. BURIAL, CREMATION, OR REMOVAL (20. CREMATION, OR REMOVAL	0.	Other Contributory Causes of Importance.
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATE 18. BURIAL, CREMATION, OR REMOVAL (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Opecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?		cubic versions
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATION, OR REMOVAL (Place Cdar Hell Date Aug // 19.33 What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of tnjury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	13. NAME Unfermen	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATION, OR REMOVAL (Place Cdar Hell Date Aug // 19.33 What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of tnjury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	THE TAL DIDTHOLAGE (situation)	Name of progretion
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMATI Charles F. Rohde (500) (Address) 18. BURIAL, CREMATION, OR REMOVAL Place and Article Date ang // 19.33 19. UNDERTAKER 19. UNDERTAKER 15. MAIOEN NAME (Address) 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased?	(State or country)	
17. INFORMATE Charles F. Rohde (502) 18. BURIAL, CREMATION, OR REMOVAL (19. Date Charles) 19. UNDERTAKER 19. UNDERTAKER 10. County of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased?	IS. MAIDEN NAME Yanknesser	
17. INFORMATE Charles F. Rohde (502) 18. BURIAL, CREMATION, OR REMOVAL (19. Date Charles) 19. UNDERTAKER 19. UNDERTAKER 10. County of County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased?	I 16 RIRTHPLACE (city or town)	
17. INFORMATION, OR REMOVAL (Place Color Hell Date Aug // 19.33 19. UNDERTAKER John T Servery 17. INFORMATION, OR REMOVAL (Address) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased?	E (State or country) Improver	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Color Hell Date Aug // 19.33 Manner of injury Nature of tnjury 24. Was disease or injury in any way related to occupation of deceased?	17. HYPURINATION OF THE PARTY O	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Ledar Hell Date Clug / , 1932 Nature of Injury 19. UNDERTAKER John + Denny 24. Was disease or injury in any way related to occupation of deceased? Company of the co	18. BURIAL, CREMATION, OR REMOVAL (Manner of injury
	Place Edar Hell Date Ung // 193	2
	19 HNDEDTAKER Johns F Xenny	24. Was disease or injury in any way related to occupation of deceased?
		If so, specify
20, FILED 8-8 1932 Z. Ce. Or leignest (Signed) Z. Ce. Cl. Community M.D.	20. FILED 8-8 132 2. Ce. Or leis	(Signed) L. Ce. CC. M.D.
Registrar. (Address) Daguet Euro, Cus		(Address) Lagua euc., Tus

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
103			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY PHYSICIAN
----------------------	--------------------	--------------

Case reported to the Bureau of the Censes.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
<u></u>				

STATE O	F MARYLAND—	CERTIFICATE OF DEATH 08533
1. PLACE OF DEATH	0	183)
County Clarge Cla	water	Registration Dist. No
Village or City Secretary Cree Length of residence In city or town where de		No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
7	ath occurred yrs mos	11
2. FULL NAME Margar	I carrens	Herwink B. 20
(a) Residence: No./810 N. Co.Co.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femals White	5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. It married, widowed, or divorced		/ (Month) (Day) (Year)
(or) WIFE of Frederick Wal	1 Schweek	22. Ouglo - 1932 to Culf O 1932
DATE OF BIRTH (month, day, and year) M	2014,004	I last saw h 57 alive on Quq 10 1922; death is sa
AGE Years Months	Oays It MESS than	to have occurred on the date stated above, at \$7.14 Pm.
25 2	/6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ormin.	were es follows: Nowwork (accident Oato of onse
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	ancewife	
9. Industry or business in which		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
2. BtRTHPLACE (city or town) Balte (State or country)	enow. Ind.	Other Contributory Causes of importance:
13. NAME Sterman Pr	whl.	
13. NAME Herman G	3 a Thinne	Name of operation Oete ot
(State or country)		
15. MAIDEN NAME Morgan	A Sheer	What test confirmed diagnosis? Was there an autopsy? Was the was due to external ceuses (VIOL ENCE) fill in also the tollowing:
15. MAIDEN NAME Man gard	elkenow mi	Accident, suicide, or homicide? Ascelant Date of Injury Aug 10, 19-3
(State or country)		Where did injury occur? Cyproca Creek negothy River
7. INFORMANT Thederick US	alter Scheiral	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	One 13 2	Manner of injury brawning.
Place W. Soletin Cun	Oate Ony /3, 1982	Nature of injury Deawning,
19. UNDERTAKER Jahu Allera (Address) 1008 Orlina	A Halt , mit	24. Was disease or injury in any way related to occupation of deceased? 728
20. FILED ang 10, 1933 16	Ourg gra	(Signed) Marshall J. Hadan W. soding or G
	anks are needed, address State Registrar.	2411 N. Charles Street Baltimore Pequesting T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
- 18/1				
				

of OCCURA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12	N	F		1	
U	0	U	~	1	

1. PLACE OF DEATH	ORIGONAL	(165)	00001
County Anne Arundel		Registration D	Dist. No.
Village or City Bodkin Cr		No.	St Ward
	(If	death occurred in a hospital or institution, give its NAME	instead of street and number)
		I. ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME John Fred			
(a) Residence: No. 218 E.	Barney st. (Usual place of abode)	St., Ward.	ive city or town and State
PERSONAL AND STATISTICA	THE RESERVE OF THE PARTY OF THE	MEDICAL CERTIFICATE	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH August 7th	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Ceo	ilia Simpkins	22. I HEREBY CERTIFY	. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sep	tember 23, 1888		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at IO	Le_m.
43 IO	I6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows: Suicide by hanging	s of importence
12. DIKTHI LACE (City of town)	carpenter 11. Total time (years) spent in this corputation timore Md.	Other Coutributery Causes of importance:	
(State or country) E 13. NAME John Simpkins			
H 13. NAME John Simpkins	•		
14. BIRTHPLACE (city or town)	Md.	Name of operation	
	-	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Viola Ce	Md. cilia Simpkins	23. If death was due to external causes (VIOL ENCE) fill Accident, suicide, or homicide?	ate of injury
(Address) 218 E. Ba	rney st.		
18. BURIAL, CREMATION, OF REMOVAL CEM	etery 8-9-32	Manner of injury	
19. UNDERTAKER Margaret F (Address) Baltimore 20. FILED \$ / 7 , 1932		24. Was disease or injury in any way related to occupat If so, specify (Signed) Pasadena,	tion of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
7 26 4		0		
Other contributory causes of importance:		Other contributory causes of importance:	144.5	
Gallstones O D	May 1,1923	Gastroenteritis	1 year	

)	tem of infor-	should state	f occuPA-	
/	CORD. Every i	PHYSICIANS	ict statement o	
MARGIN RESERVED FOR BINDING	I. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
D FOR B	IS IS A PE	e stated E	e properly	f certificate
ESERVE	INK-TH	E should b	lat it may b	s on back o
IARGIN R	UNFADING	upplied. AC	terms, so th	TION is very important. See instructions on back of certificate.
	LY, WITH	carefully s	TH in plain	portant. Se
	TE PLAIN	n should be	E OF DEA	is very im
S. No. 1	L.BWRI	matio	CAUS	TION

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	5	E	6 1	5
U	0	U	-	1

1. PLACE OF DEATH	-		(183)		
County Anne Arundel			Registration Dist. No. 2		
Village or City Eastport Length of residence In city or town where death			ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Robert Fra. (a) Residence: No. Eastport	ncis Sr	mith, Jr			
PERSONAL AND STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRI OR DIVORCED Sing.	(write the word)	21. DATE OF DEATH (Lug 20th (Year))		
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) AUST 7. AGE Years Months 43 11	Days 22	If LESS than 1 day,hrs.	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	11. Total tim	e (years) in this ation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Anne Arundel County, (State or country) Md.		County,	Office Completions Causes of Importance.		
13. NAME Robert F. Smi					
13. NAME Robert F. Smi 14. BIRTHPLACE (city or town) Anne A (State or country)	rundel Md.	County,	Name ef operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME UNKNOWN			23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town). UNKNOWN (State or country)			Accident, suicide, or homicide?		
17. INFORMANT Robert F. Smi (Address) Eastport, Mo	th d.		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Shadyside, Md. D	ate Aug.	22 ,19 32	Manner of injury		
19. UNDERTAKER John M. Tayl (Address) Anna polis	or , Md.		24. Was diseasa or injury In any way related to occupation of deceased?		
20. FILED Comy 2/, 1932 3	6 C. S	Registrar.	(Signed Sum All All Sum Ally land 5?		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

principal cause of death and related causes nportance were as follows: ck of epilepsy over by street car	1 week ago
	-
over by street car	
occi og circot car	1 week ago
onitis	3 days ago
er contributory causes of importance:	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------------	---------	------------	---------------	-----------

20. FILED

ż

	County Chank Us		
	- 11/1	SN GGX	Registration Dist. No
	Village or City Muller	scrille	No. St., If death occurred in a hospital or institution, give its NAME instead of street and numb
	Length of residence in city or town where d		sds. How long in U.S. if of foreign birth?mos
2.	FULL NAME Yolando	Sorivi	
	(a) Residence: No. 1745 181	th St., N.W. Washi	ingston, D. Ward.
_			
3. SEX	PERSONAL AND STATISTI	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Tr	and all the	OR DIVORCED (write the word)	Aug 26 19
5a. II	merried, widowed, or divorced	Single	(Month) (Day)
	HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That Lattended dece
		3 3036	asy 26, 1932,10
6. DA	TE OF BIRTH (month, day, and year) J &I E Years Months *	nuary 1, 1916	I lest sew h alive on 19 de
r. Au		1 dey,hrs.	I THE LEGICIE AT CHOSE OF DEATH SHOT PRESENT CAUSES OF HISDOLISHICS
-1	10	l 36 lormin.	were as follows:
TION	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	None	in automatile accident
PA	9 Industry or business In which work was done, es SILK MILL,		accidental
OCCUPA	D. Dete deceesed last worked et	11. Total time (years)	
0	this occupation (month end year)	spent in this	
12 DI	RTHPLACE (city or town) Wash	nington.	Other Cantributary Causes of importence:
12. 01	(Stete or country)	D. C.	- Fartial amondation of food
HER	3. NAME Frank Sorivi		The same of the sa
	4. BIRTHPLACE (city or town)		Name of operation. Date of Date of
-		aly	What test confirmed diegnosis? Churce of Was there en autop
7 -	5. MAIDEN NAME Unknown	4	23. If deeth wes due to externel causes (VIOL ENCE) fill In also the following:
OW 1	6. BIRTHPLACE (city or town)	tol w	Accident, suicide, or homicide?
		vary	Where did Injury occur? Manuel Wrundel (Specify city or town, county and State)
17. IN	FORMANT Frank Sorivi (Address) 1745 18th St	t.N.W.Washingto	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	JRIAL, CREMATION, OR REMOVAL	D.C.	Menner of Injury and mabile accused
18. Bt	Plece Washington, D. C.		

. Washington

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis A 1 23	3 days ago
		7861 L 880	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
------------------------------	-------------------------

PHYSICIANS RECORD, Every statement BINDIN properly RESERVED should may that MARGIN plain carefully in OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEATH Ar indel County Village or City Cromsv Length of residence in city or town where death occurred Fannie Stewart 2. FULL NAME City. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. female OR DIVORCED (write the word) black August 28th widowed (Month) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of •1852 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at Days 1 day,hrs. or min. were as follows: 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Domestic back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) on this occupation (month and spent in this occupation ___ instructions Other Contributory Causes of importance Lar /land 12. BIRTHPLACE (city or town). (Stata or country) liam Micalna FATHER 13. NAME 14. BIRTHPLACE (city or town) Introduced See Name of operation_____ (State or country) What test confirmed diagnosis? HER 15. MAIDEN NAME important MOT 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ... 17. INFORMANT should Manner of Injury -WRITE 8 CAUSE Nature of Injury 24. Was disease or injury in any 19 UNDERTAKER If so, specify Z

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?______yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 2 (Year) I HEREBY CERTIFY. That I attanded deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance **Date of enset** Was there an autopsy? 23, If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

1. PLACE OF DEATH

County Anne Arundel

Village or City annapolis

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. Emergency Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State CERTIFY That I attanded deceased from Date of onset

What tast confirmed diagnosis?_____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?______ Oate of injury______ 19__

(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disaase or injury In any way related to occupation of dacaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
as to be suit or and				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	08529
EATH	72	05.00

1. PLACE OF DEAT	Н			23			
County Anne	Arundel				Registration Dist. I	No. 31	
Village or City W				No. death occurred in a hospital or instit		d of street and no	
	Frank Tax						
(a) Residence: No.	W		f abode)	St.,Ware.	If nonresident give cit	ty or town and	Sinte
PERSONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL C	CERTIFICATE OF	DEATH	
	or race 5.	SINGLE, MARI OR DIVORCED Marr	tied, WIDOWED. (write the word) i.ed	21. DATE OF DEATH	aug a	2 3 Day)	198 Z- (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of FT		user		22. July HEREB	Y CERTIFY Th	nat I attended d	
6. DATE OF BIRTH (month, day,	and year) Jan	. 2nd.	1867	I last saw h_ alive on	ang 23	1 22	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date state	ted above, at 2.30 fin	n.	
65	7	21	l day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of im	portance	Date of onset
8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	S SPINNER. TO	armer		Tulmas	sary Tube	rules	Making
kind of work done, as SAWYER, BOOKKEEP Industry or business in work was done, as SI SAW MILL, BANK, etc. 10. Date deceased last work bis necessarian (month)	which LK MILL, C		***********				
10. Date deceased last work this occupation (mont year)	h and	11. Total tin	na (years) t in this pation				
12. BIRTHPLACE (city or town) (State or country)	zechoslo	vakia		Other Cuntributory Causes of Imp	portance: Lasguegi	tie	
I I I NAME JOSEP	h Tauser			mallet	a la		Firme 193
13. NAME JOSEP	Czechos	lovaki	3.	Name of operation	00 0	Date of	
15. MAIDEN NAME M	arie Juna	ata		23. If death was due to external ca			
15. MAIDEN NAME M. 16. BIRTHPLACE (city or tow (State or country)	Özechoslo	ovakia		Accident, suicide, or homicide? Where did injury occur?			
	es Tausen			Specify whether injury occurred	(Specify city or town, or in INDUSTRY, in HOME, or	in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR RE Place Wellsvi	moval ew, Md.	Date Aug.	25, 19 32	Manner of Injury			
	M. Taylo		~	24. Was disease or injury in any If so, specify	way related to occupation of	deceased?	но
20. FILED. 4.419	32,000 ye	4.1	Registrar.	(Signed) 7. W (Address)	In Marlu	in La	M. D.
	If more bland	ks are needed, as	ldress State Registrar,	2411 N. Charles Street, Baltimore, F.	Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
Arteriosclerosis S S S S S S S S S S S S S S S S S S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HELVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-

. 1	-WE	CAL
S. No	B	
Α.	Ż	T

1. PLACE OF DEATH County Inscreded County St., Village or City Registration Dist, No. Length of residence in city or town where death occurred yes mos. Length of residence in city or town where death occurred yes mos. 2. FULL NAME (a) Residence: No. Orchord Social (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RAGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. It married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Year Months Months	Ward
Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Yrs, mos. ds. How long in U. S. if of foreign birth? Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OF RAGE OR DIVORCED ("grite the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Control of the date stated above, at m. The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:	Mand
Length of residence in city or town where death occurred	Mond
Length of residence in city or town where death occurred	Ward
(a) Residence: No. OTCLOTAL SQUEST Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS A. COLOR OF RAGE OR DIVORCED (spring the word) So. If married, widowed, or divorced HUSBAND of (or) WIFE of Co. DATE OF BIRTH (month, day, and year) AGE Years MEDICAL CERTIFICATE OF DEATH (Markin) (Markin) (Day) 22. 1 HEREBY CERTIFY. That I ettended to have occurred on the date stated above, at	
(a) Residence: No. Orchard Spaces Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RAGE OR DIVORCED (sprite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Marth) (Day) 22. 1 HEREBY CERTIFY, That I ettended (The state of abode) 1 I last saw h. State alive on to have occurred on the date stated above, at	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RAGE OR DIVORCED (write the word) So. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Wondhs Days If INSS than 1 day, hrs. or min. 18. Trade profesion or particular. If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I ettender 1 last saw h. alive on particular to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
3. SEX 4. COLOR BY RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If JESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 1. Trade profession or particular.	d State
OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) (Moth) (Day) 15 If married, widowed, or divorced HUSBAND of (or) WIFE of OR DIVORCED (write the word) (Moth) (Day) 22. 1 HEREBY CERTIFY, That I ettender to have occurred on the date stated above, at	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Lafty # 1843 7. AGE Years Months Days If Jess than 1 day, hrs. or min. 8. Trade profesion or particular. 18. Trade profesion or particular.	, 193 2/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 1843 1 1855 than 1 1 1 1 1 1 1 1 1	
6. DATE OF BIRTH (month, day, and year) Lafty # 1843 7. AGE Years Months Days If JESS than 1 day, hrs. ormin. 8. Trade profesion or particular.	
7. AGE Years Months Days If JESS than 1 day, hrs. ormin. 8. Trade profession or particular.	death is said
1 day, hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	, geath to said
8 Trade profesion or particular	
kind of work done, as SPINNER, at John Cutano Sclawart 9. Iddustry or business in which work was done, as SILK MILL, SAW MILL BANK atc	Oats of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK at the	0
SAW MILL BANK etc	Julas
S X S S S S S S S S S S S S S S S S S S	71
Date deceased last worked at this occupation (month and spant in this occupation coupation spant in this occupation spant in the spant in this occupation spant in the spant	
Other Contributory Causes of importance:	
(State or country)	1 1.21
	aug 15
14. BIRTHPLACE (city or town) Name of operation Date of (State or country) What test confirmed diagnosis? Was there an	
15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Date of injury Chate or country	-
where did injury occur?	
(Specify city or town, county and St. INFORMANT Elwoor American Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) a Crebard Beach	
18. BURIAL, CREMATION, OR-REMOYAL 7 Manner of Injury	
Place Stortoron M. Date Of L. Mature of injury	
19. UNDERTAKER LCL Ciasa Cook 24. Was disease or injury in any way related to occupation of deceased?	200
(Address) 1217 St Faul St II so, specify	
20 FILED WA Q1 1932 Janu Nevy Cu (Signed) John fillugande	M. D.
My more blanks are needed, address State Registrar, 2013 N. Charles Street, Baltimore, Requesting Q. S. No. 1.	my

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of do of importance were as fo	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 7 1939	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S			
Other contributory cause	s of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. stated EXACTLY properly classiffs certificate. St .: Ward) (If death occurred in a hospital or institution, give its NAME instead of street umber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, WIDOWED Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased DATE OF BIRTH that I last say her alive on the (Month) (Year) and that death occurred on the date stated above, at ... & 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. terms 8 OCCUPATION (a) Trade, profession or particular kind of work very important. (b) General nature of industry d business, or establishment in Which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Duration)yre. mos..... Ш 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from EN (State or country Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal. 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs. mos. ...da. State, ...yra.....mos. . Ö (State or country Where was disease contracted, MY KNOWLEDGE if not at place of death?.. Former or usual residence. SATE OF BURIAL OF BURIAL OR REMOVAL 26 INDERTAKER if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Regnesting V. S No. 1.

(Approved by U. S. (Tensus and American Public Health Association.)

tired 6 yes.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gared in domestic service for wages, as Scruant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occ. hations of persons enwork, or it laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealrpinner. (b) Cotton mill; (a) Salesman, (b) Grocery; rhould be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesenpation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of indices of various pursuits can be known. The ques-Statement of Occupation -- Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation

Exament of Cause of Death—Name, first, the distance causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic errebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"):
Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

head of "contributory." (Recommendations on state quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely "Puerfekal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inaultion." "Marasmns," "Old Age," "Shock," Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury. as fracture of skull, and conse train-accident; Revolver wound of head-homicide; Examples: and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR taken. For violent DEATHS state MEANS OF INJUST State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhanstion," "Heart symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., "inqualified, is indefinite); Tuberculosis of lungs, men Poisoned by curbolic acid-probably suicide. The navulsions." "Debility" ("Congenital," "Senile," ctc.) (secondary or interchirent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Accidental drowning; Struck by railway Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of Example: Meastes Always qualify all failure." "Haemor "Coma," "Con-(discase (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	08532
1. PLACE OF DEATH	0 11	119	2 -1
County Click	Mudel	Registration Dist. No.	20
Village or City	ale no	NoSt,	Ward
Langth of residence in city or town where	(I) death occurred vrs mos	f death occurred in a hospital or institution, give its NAME instead of street an second of the control of the	d number)
2. FULL NAME Same	0 7 0	Jan John St.	mos
X-	wel Syll		
(a) Residence: No. 2) Land	(Usual place of above)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Boy Cal	OR DIVORCED (write tha word)	August 25	, 193 7
5a. If married, widowed, or divorced HUSBAND of			(Teat)
(or) WIFE of	. 71	22. I HEREBY CERTIFY. That I attended	d deceased from
6. DATE OF BIRTH (month, day, end yaar)	- 15-1025	7 . 7	7 195.2
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, 4/2:/2Pm.	death is sale
8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	More		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spant in this		
7		Other Coutributory Causes of Importance:	
(State or country)			
13. NAME Itilso	- Tales		
14. BIRTHPLACE (city or town)	. 1 1	Name of according 110 - 111	
(Steta or country) a a	si le	Name of operation Dete of. Whet test confirmed diegnosis? Was there are	
15. MAIDEN NAME	Office/	23. If death was due to extarnal ceuses (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	0.0.	Accident, suicide, or homicide?	_
(State or country)	eschon	Where did injury occur?	
17, INFORMANT If Ille	9 11-11ms	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ate)
(Addrass)			
18. BURIAL, CREMATION, OR REMACAL	- au zat	Mannar of injury	
Placa Place	goate 19 37	Neture of injury	
19. UNDERTAKER UV-	udente	24. Was diseasa or injury in any way related to occupation of daceesad?	
(Address) Talente	le Deg	If so, spacify	/
20. FILED Clug 25 1937	1111 Charter	(Signed) Frank 3 Wes	1 M. D
	Poplera Registrar.	(Address) Itaak Revels	
20. FILED Ching 25, 1937		Neture of injury 24. Was diseasa or injury in any way related to occupation of daceesad? If so, spacify (Signed) January 3	<i></i>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL SPACE FOR F	CURTHER	STATEMENTS	RY	PHYSICIA	N
---	------------------------	---------	------------	----	----------	---

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE OF	MARYLAND-CER	TIFICATE OF	DEATH
--	----------	--------------	-------------	-------

1. PLACE OF DEATH				20,700
County Anne Arundel				Registration Dist. No.
Village or City Millersville				No. St., Ward
	Langth of residence in city or town where dea	th occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
	. FULL NAME Willie	Ellison	IImherse	To the state of th
			N.W. Wash	
		(Usual place	of abode)	If nonresident give city or town and State
-	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
1	Male 4. COLOR OR RACE 5	OR DIVORCES Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of			22. 1 HEREBY CERTIFY. That I attended deceased from
-	(or) WIFE of			aug 26 , 1932, to , 19
6.	DATE OF BIRTH (month, day, and year) May	4th,	1910.	! last saw h ; death is said
7.	AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
	22 9	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	airymar	1	Instantly fulled my
OCCUPATION	9. Industry or business in which	Y		acciding as
CUF	work was done, as SILK MILL, SAW MILL, BANK, etc			- Committee - Comm
00	10. Date deceased lest worked at this occupation (month and year)	spar	ime (years) ntin this upation	
-	Marthan		ipation	Other Contributory Causes of importence:
12.	Diffill DACE (only of town)	irginia	a.	tracture & Rull - Musturey Miles 106/3
ER	13. NAME Hames H. Umbe	rger		Shack sommy grammy
FATHER	14. BIRTHPLACE (city or town) Wyt)	heville	,	Name of operation. Manua A Date of
-	(State or country)	Virgin	nia	What test confirmed diagnosis? Twenter famuration Westhere an autopsy? Mid
HER	15. MAIDEN NAME Mary F. F.			23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	heville Virgi		Accident, suicide, or homicide? ICCUSENT. Date of injury 976, 1972
7	Hobson H Hml		LIII a	Where did injury occur? Line County County and State) ' Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17.	(Address) 701 19th St.	N.W.	Washingt	
18.	Burial, CREMATION, OR REMOVAL Place Bealeton, Va.	Date Que	27- 19.32	Manner of injury auto mobile accident
19.	UNDERTAKER John M. Tay (Address) Annapolis	lor		24. Was disease or injury in any way related to occupation of deceased? 10
20.	FILEO 4 1924 5 3 , 1924 5 3 , 19	. 5 . 7	Registrar.	(Signed) MESSAL Draney Corone M. D. (Address) Odenling & M. G.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

	STATE OF MARTLAND	CERTIFICATE OF DEATH 108534			
1	. PLACE OF DEATH	(183)			
	County Chine Crimolel	Registration Dist. No.			
	Village or City Lunker Leek	No. St., Ward			
	(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.			
	e 1,1.	Oli L			
2	FULL NAME Jeone Wesley	agotan Busin			
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
1	more married	(Month) (Day) (Year)			
5a.	If married, wildowed, or divorced HUSBAND of (or) WIFE of Addie Upstran	22. I HEREBY CERTIFY, That I attended deceased from			
-	20 . 6 20 10-	, 19, to, 19, 19			
6.	DATE OF BIRTH (month, day, and year)	I last sew h alive on, 19; death is said			
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at			
	08 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
Z	8. Trade, profession, or particular Kind of work done, as SPINNER, Ban Ger SAWYER, BOOKKEEPER, etc.				
OCCUPATION		accidental drowing			
	9. Industry or Dusiness in which work wes done, as SILK MILL, SAW MILL, BANK, etc				
11. Total time (years)					
0	this occupation (month and spent in this occupation				
		Other Contributory Couses of importence:			
12.	(State or country)				
œ	13. NAME Thumas Pystum				
FATHER		None of consisten			
FA	14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there en autopsyl			
2	15. MAIDEN NAME etclalla?				
MOTHER		23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?			
M	16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?			
	Color 3. 10 who	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,			
17.	INFORMANT (Address) 4/8 h. Boulder of.	public lace			
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury			
	Place Wood Cown Date 8-9/ 102	Neture of Injury			
	Ohilia Hearin				
19.	(Address) 20/6 Orleans of Balta	24. Was disease or injury in any wey related to occupation of deceased?			
	0-20 3217 0 12 1000	(Signed) X - Q - Q Out			
20.	FILED Registrar.	(Address) Pasadana. Md.			
	Acgistus.	· · · · · · · · · · · · · · · · · · ·			

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5, 1927 May 1, 1923	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

RECORD, Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 08	535	
	1. PLACE OF DEAT	гн			(131)		
	County Anne	Arundel			Registration Dist. No. 20 /		
	Village or CityG	rownsvil	le Sta	te Hospi	telwo. St.,	Ward	
	Length of residence in cit	y or town where dea	th occurred		f death occurred in a hospital or institution, give its NAME instead of street and is		
	2. FULL NAME		Vieto				
	(a) Residence: No.	Some	rset (Usual place	of abode)	ar Stland Ward. If nonresident give city or town and	State	
	PERSONAL AN	D STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
		R OR RACE 5		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 1st (Month) (Day)	, 193 2 (Year)	
5a	. If married, widowed, or divor HUSBAND of (or) WIFE of	rced			22. i HEREBY CERTIFY, That I attended January 30th, 19 31to August 1s	deceased from	
6.	DATE OF BIRTH (month, day	and year) 1	.903		I last saw h im alive on August 1st 19 32 death is sale		
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11: 454. M.		
	29	Unk	own	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset	
OCCUPATION	kind of work done, a SAWYER, BOOKKEE! Industry or business in work was dona, as S SAW MILL, BANK, e	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Chronic interstitial nephritis	6 mos.	
	this occupation (mon yaar) BIRTHPLACE (city or town) (Stata or country)	Mo mus l	spe occ	lime (years) int in this upation	Other Contributory Causes of importance:		
ER	13. NAME	Un	known				
FATHER	14. BIRTHPLACE (city or to	wn)		nknown	Nama of operation Date of What tast confirmed diagnosis? Was there are		
ER	15. MAIDEN NAME -		Hnknow	'n	23. If death was due to external causes (VIOL ENCE) fill in also the following		
16. BIRTHPLACE (city or town) Unknown (State or country)					Accident, suicide, or homicide?		
17	. INFORMANT FLO (Address)	spital R		Maryland	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PL	ACE.	
4	BURIAL, CREMATION, OR R	100	Date 8/	3	Manner of injury		
-	UNDERTAKER (Address) (Address)	R. Win	levoil	Duph	24. Was disease or injury In my way related to occuration of deceased? if so, specify (Signed)	M. D.	
20			11-1-1-0-	Registrar	(Address) Crownsville		

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	G EAT
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NOSAIGOENII.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

	Re III	
	· · · · · · · · · · · · · · · · · · ·	

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

Y. PHYSICIANS should state Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1852)
1. PLACE OF DEATH	(183)
County Churc Crundal	Registration Dist. No.
Village or City Say Some Beach	NoSt,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Robert Hamilto	walker
(a) Residence: No. 1028 The Bentalo	St. Ward Ballinose, Med,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lugust 28th, 1932 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Cares Welker	22. I HEREBY CERTIFY, That I ettended deceased from
B. DATE OF BIRTH (month, day, and year) / June . 29-1900	I last saw h alive on
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
29 6 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Accidental drowning Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL Weeter Each	
10. Date deceased last worked at this occupation (mon) and spant in this	
year) occupation /	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) 300 mac Sul. (State or country)	
13, NAME Ralaigh walker	
14. BIRTHPLACE (city or town) Ballinoe	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy? Wo
15. MAIDEN NAME Claning of Treces	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) / Sale we of	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Eclare T. Fegural Toes (Address) 10/8 the Feel telline ?	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date ULL 31 ,193 V	Nature of injury
9. UNDERTAKER Quite (Address)	24. Was disease or injury in any way related to occupation of deceased?
1-79 21. 7 G. Miles	(Signed) A. C. M.D.
0. FILED P	(Address) Pathalana - lus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SEP 8 1992				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	F DEATH	1	(8)		7 -
County_4	nace	runder		Registration Dist. No.	
Village or	City N/C	ley	No.	St.	, Wa
Length of res	sidence in city or town		If death occurred in a hospital or institution ds. How land in 12 if of	foreign birth? yrs.	
	11/	11/272-	- Melly	6	
2. FULL NA		y via.		14.	
(a) Resider	nce: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSON	NAL AND STATIST	CICAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEAT	
3. SEX	4. COLOR_OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	st.
M	0	OR DIVOROED (write the word)	1000	ung o	, 193
a. If married, wido	wed, or divorced	- Jany		(Month) (Day)	(Year)
a. If married, wido: HUSBAND of (or) WIFE of		0	22. I HEREBY	CERTIFY, That I atter	nded deceased fi
			,	19, to	19
DATE OF BIRTH	(month, day, and year)		I last saw h alive on	, 19_	; death is s
. AGE Ye	ears conths	Bays If LESS than	to have occurred on the date stated	above, atm.	
any	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATI	I and related causes of importance	10.1
8. Trade, proje	ession, or particular)15.2	A		Data of on
SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc	vyux	TI	1/5	
kind of SAWYER 9. Industry or work wa SAW Mil 10. Date dacase	businass in which as done, as SILK MILL, ILL, BANK, etc	, ,	1,01	1 19711	
SAW MI	LL, BANK, etcsad last worked at	11 Total time (years)	1 July		
- Città occi	upation (month and	11. Total time (years) spent in this occupation	***************************************		
-	MI	1	Other Contributory Causes of Impor	tance:	
2. BIRTHPLACE (c (State or cou		my care of			*****
	Marke	What live has			
	- Value 1	in sugar.			
(State o	E (city or town)	do		Date	4.00
1	100	Phone !	What tast confirmed diagnosis?		
15. MAIDEN IV	AIME CASTE	aswae	23. If death was due to external caus		
15. MAIDEN NA	E (city or town)	lld	Accidant, suicide, or homicide?	Data of injury	, 19
1 (olute o	1	161111	Where did injury occur?	(Specify city or town, county and	d State)
7. INFORMANT	Nave.	I Kelley By	Specify whether injury occurred in	INDUSTRY, in HOME, or in PUBLI	C PLACE.
(Address) 8. BURIAL CREMA	TION, OR REMOVAL	orier, 1 mes.		*****	
Placa	Multer	Date alleg 7 1932	Manner of injury		
	X: 10	w. 11. 1	Natura of injury	0	
19. UNDERTAKER	Nauce 1	wellington.	24. Was disease or injury in any wa	y related to occupation of deceased	2
(Address)	- att	La SULUI -	If so, specify	Hauto	, RE
20. FILED MILE	7 , 1952	1111. Cleyton	(Signed)	1-007	f St
		Registrar.	(Address)		1/1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	464	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		CANDOTH CANDOTT		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
_	

)/	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECORD.	Y. PHYSIC	Exact state	
MANUAL MESELVED FOR BINDING	ERMANENT	EXACTLY	classified.	e)
TOTAL	S IS A PE	stated I	properly	certificate
תה אזו	ZHIS	ed pluo	may be	back of
TOTAL	ING INE	AGE sh	o that it	tions on
TOTTOT	UNFAD	supplied.	terms, s	e instruc
	, WITH	arefully :	I in plair	rtant. Se
	PLAINLY	onld be ca	F DEATH	ery impor
	-WRITE	mation she	CAUSE O	TION is very important. See instructions on back of certificate.
	Y. B.	(T	1
	1	1	-	1

STATE	OF	MARYI	AND-	CERTI	FICATE	OF	DEATH
SIAIL	OI	MAL	MIND	CLIVIII	ICAIL	OI	DEATI

60	1	1	1	60
U	0	()	U	9

1. PLACE OF DEATH			23		
County Anne Arund	el		Registration Dist. No. 21		
Village or City Freetown			No. St., Ward		
		(16 yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and itds. How long in U.S. if of foreign birth?yrsme	number) osds.	
2. FULL NAME Jessie	Willis				
(a) Residence: No. Freet	(Usual place o	f abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE female negro	5. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH August 9th (Month) (Day)	, 193 2 (Yeer)	
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wm. Willi	5	•	22. i HEREBY CERTIFY, Thet I ettended July 2I		
6. DATE OF BIRTH (month, day, and year)	une 24.	1904		; death is seld	
7. AGE Years Months	Days	If LESS than	to have occurred on the dete steted above, et 4 2m.		
28 I	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:	Date of onset	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	occu	me (years) tin this yrs petion	Pulmonary tuberculosis Dther Contributory Causes of Importence:	1931	
	0.00	Md.	-	-	
13. NAME Jesse Hog			Name of operation Date of		
14. BIRTHPLACE (city or town)		Md.	What test confirmed diagnosis?		
15. MAIDEN NAMELizabeth K	Celly		23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following		
15. MAIDEN NAME izabeth K 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Herman By:	Md.		Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Stal Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	(e)	
(Address) Freetow		*************	opening michies injuly occurred in https://www.ninnumc.com/	NOE.	
18. BURIAL, CREMATION, OR REMOVAL Plece Marley Neck		II- 1932	Manner of Injury		
19. UNDERTAKER (Address) 20. FILED 2-9419322 Z	G . K	2/2/201	24. Wes disease or injury In any way related to occupetion of deceesed? If so, specify (Signed)	no M. D.	
20. FILED 7 7, 1990		Registrar.	(Address) asudera	hd.	

Statement of occupation.—Precise statement of occupation is very various pursuits can be known. Make some entry in this section for e	important, so that the relative healthfulness of
ceased had retired from business, report the occupation prior to retired	ment Children not gainfully amployed may be
returned as at school or at home. For a woman whose only occupation	
in answer to Question 8 and own home in answer to Question 9. For	nerion entaged in domestic service for wages.
in answer to Question 8 and own home in answer to Question 9. For however, designate the occupation by the appropriate terms, as servant	t-private family, cook-hotel, etc. For a person
who had no occupation whatever write none.	
To be complete, an occupation return must state:	AUG 16 1932
8.—The trade, profession, or particular kind of work done.	16 1932

8.—The trade, profession, or particular kind of work dode.

9.—The industry or business in which the work was done. PITO FAR V. S.

11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

1			F MAR	YLAND-	CERTIFICATE OF DEATH	540
1	. PLACE OF DEAT	, ,	4		(91)	1/
	County				Registration Dist. No.	/
	Village or City	rounsvi	lle Sta	te Hospit	death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence in cit	ty or town where de	eath occurred	7	ds. How long in U.S. if of foreign birth?yrsm	
2	. FULL NAME	Mary	Wilson			
	(a) Residence: No.	Jalti	imore C	ity Mary	rlesod Ward.	
-	PEDSONAL AND				If nonresident give city or town and	State
3.	PERSONAL AN	R OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
f		aek		D (write the word)	gust 22nd (Month) (Day)	, 193. 2 (Year)
5 a .	If married, widowed, or divo					
_	(or) WIFE of	ohn Hem	ry wils	on	July 22nd 1932, to August 2	
6.	DATE OF BIRTH (month, day	and year)	857		Hast saw h. ex alive on August 22nd, 19 3	
	AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, at 11:15 mg M.	
	75	Uni	nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
N	8. Trade, profession, or particular kind of work done, as SPINNER, NO NE SAWYER, BOOKKEEPER, etc.				General Arterioslcerosis	Date of onset
OCCUPATION	SAWYER, BOOKKEE			• • • • • • • • • • • • • • • • • • • •		
CUP	work was done, as S SAW MILL, BANK, e	ILK MILL.				
000	10. Date deceased last worked at this occupation (month and sp		time (years) ent in this			
1	year)			upation	Other Contributory Causes of importence:	
12.	BIRTHPLACE (city or town). (Stata or country)	Unkno	wn		Senility	?
2	13. NAME	Un	known			
FATHER		TT	nknown		Name of operation Date of	-
FA	14. BIRTHPLACE (city or to (State or country)	wn)			What test confirmed diagnosis?	
ER	15. MAIDEN NAME	HEHOWIL			23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or to	wn) U.	nknown		Accident, suicide, or homicide?	, 19
Σ	(State or country)				Where did injury occur? (Specify city or town, county and Sta	
17.	INFORMANT HO Spi (Address) Cro	tal Rec	ords e. Mary	Aand ,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAN, CREMATION, OR R	EMOVAL	- 87	9.4/33	Manner of injury	
	Place	0 17	Date	000	Nature of injury	
19.	UNDERTAKER	F. Win	luode	Supp	24. Was disease or injury In any way related to occupation of deceaded?	
1	(Address)	10wa	evelle	and !	If so, specify the state of the	00)
20.	FILED Ques 24, 1	932	300	Registran	(Signed) Crovisville	M, D
		If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEALS SEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year